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LECTURE

INTRODUCTORY TO A COURSE

ON SURGERY

DELIVERED AT THE ALDERSGATE SCHOOL OF MEDICINE, OCT. 4, 1835,

BY MR. SKEY.

GENTLEMEN,—It will be my duty in the ensuing course of lectures, to point out to you the means which we employ, in either curing or alleviating those diseases which custom has allotted to the care of the surgeon.

I presume I need hardly tell you, that these diseases are for the most part external; yet they follow that general rule not unexceptionably, or, rather, there exists a sort of neutral ground on which the external region of the surgeon is met by the purely medical treatment of the physician. I will not dilate on this topic, because it necessarily follows from the present system of practice, that the large majority of my auditors comprises the future practitioners of all classes of disease; and between myself and the accomplished physician on whom devolves the task of instruction in the department of medicine in this school, there need be no jealousy, no rivalry or difference of opinion, as regards the extent or boundaries of our respective duty. One thing is certain, viz., that the ground-work is the same, that however apparently various or distinct may be the structure, the proximate cause of disease, with some modification, is the same; and the principles of treatment can therefore but slightly differ. The practice by manipulation is, however, the exclusive province of the surgeon, and this includes the extensive and highly important department of operative surgery, which, *if any*, presents the most eminent characteristic of surgical practice.

A course of lectures on surgical science admits two very distinct objects of study; the first comprises the *principles* which guide us; the second, the application of those principles, known under the term of practice or treatment; and on these two subjects I beg to engage your attention for a few minutes. By principles, we understand general rules, which, although modified by circumstances, are applicable to all similar examples of disease. The principles which govern practice are based on a knowledge of the great functions of life, both physical and moral; namely, physiology; but surgery demands the knowledge of the anatomist, by which alone we can detect deviations from healthy structure; and without which we cannot advance one step towards their removal. In speaking then on the subject of the principles of surgical practice, I return to those of anatomy and physiology. The first tells us the situation, form, relation, and structure, of every part subject to disease. Physiology expounds their healthy functions, and their mutual dependence on each other: we must be conversant with both. With respect to anatomy, then, how can the man who is ignorant of the healthy appearance of the human eye, determine its diseased condition? How will he distinguish the extent to which that delicate membrane the iris deviates from health, who is ignorant of its healthy or normal appearance and character? How will he be enabled to pass a needle into the interior of the globe, for the purpose of displacing the opake crystalline lens, in cataract, if he be unacquainted with the size, form, and connexion of that body? Look at the numerous forms of accidents attending joints, and say if it is possible that the man who is ignorant of their natural form, and the connexion of their parts, can determine on the one hand, or attempt to remedy on the other, the accidental injury they have sustained.

There are, however, doubtless many surgical diseases, the treatment of which may be effected, without any immediate reference to the science of anatomy; but is there any that does not bear, more or less, immediately on that of pathology? Certainly none. Take the simplest form of surgical disease, an ulcer. By what means is its progress arrested? We know that in the condition of health, the arterial circulation of a part should remain steady and unexcited; its

temperature cool and uniform. We find it hot, red, painful, and the vessels are unnaturally distended with blood; they relieve themselves by pouring out matter; the skin bursts; the unhealthy condition of the vessels remains; the surface fails to heal, and an ulcer follows, for there is a variety of ways in which such a malady may arise. How shall we determine the treatment? We observe the character, whether inflammatory or otherwise; we reduce the undue action of the vessels by such remedies as experience has taught us are beneficial; and, having accomplished this, we proceed to another stage of the treatment, which consists in urging nature to heal the wound. In the attempt to avert or cure disease, the importance of this branch of physiology is inestimable; I would say it is the ground-work of all medicine,—in its most comprehensive sense, a knowledge of the principles of life.

Nature has endowed the organized world both animal and vegetable, with a principle which cherishes growth and which presides over every action of which its organization is susceptible. The same spirit, jealous of defect, controls disease, repairs injury, and by its continued influence tends to maintain the outward physical form, as well as to repair the inward defect of function to which the frame is liable. It has been called the vis medicatrix naturæ. In the language of the Latin poet,—

> "Spiritus intus alit, totamque infusa per artus
> Mens agitat molem et magnoe corpore miscet."

It consists in an evident and universally acknowledged effort on the part of nature, to ward off disease and to preserve life. "A spirit of health" predominating over the body, ever rejoicing in its salubrity, ever contending against injury. Need I illustrate it by examples? They are endless in variety. Why does an abscess invariably advance towards the surface, but for the purpose of discharging its contents without injury to the body? The liver would appear to possess discrimination in evacuating the contents of a similar disease through the abdominal parietes, in preference to the cavities of the abdomen and chest, to which it would have nearer access. In tubercular abscess, the large vessels of the lungs are as it were, incrusted with lymph, lest their rupture should be fatal to life; and this effort is especially beautiful, inasmuch as the disease itself is necessarily fatal in its termination. For here we see the contention most vividly between an irremediable disease and the unremitting effort of this "spirit of health."

In the disease of bones, how beautiful, how varied are the exertions of this protecting principle, in which a bone is destroyed by a wasting disease, arresting all chance or power of reparation,—during the process of destruction, a new pillar is in process of erection by which the diseased fabric is fortified, and the limb restored to health and action! Observe the structure of artificial joints, or those from which the cartilage is absorbed; here we see the respective ends of the bone or bones, carefully rounded off and polished, to simulate as much as possible the original structure. The formation and increase of large aneurysmal sacs; their temporary protection from rupture by the dense layer of coagulum by which they are lined; their evident desire (if I may so express it) for contraction and subsequent obliteration; —the contraction of the divided ends of large arteries;—the formation of accidental bursæ, for the protection of the subjacent bone, whenever the skin is subjected to continued pressure or friction;—the almost dental hardness of the gum, consequent on the loss of teeth, and the approximation of the teeth on the loss of one or more;—the inflammatory and lymph-effusing condition of a wounded intestine, by which its injured surface becomes agglutinated to the parietes of the abdomen, or to another portion of intestine, thus closing the otherwise fatal aperture;—the really astonishing co-operation of this healing, this protecting influence, with the hands of surgeon, in transmitting the contents of the intestine, along a devious track, in artificial anus, from the upper to the lower opening, and the subsequent earnestness with which the margins of the bowel unite for the purpose of restoring the integrity of the canal. Observe the analogy in this respect of vegetable to animal life. Plants are provided with muscles, by which they open and shut their flowers, and turn their leaves to the sun, even if they have been repeatedly folded back from it; the turn of a hop plant is invariably directed towards the course of the sun, and it soon dies if artificially forced into an opposite line of growth; remove the obstacle, and the plant quickly returns to its former position. When the straight branches of the honeysuckle can no longer support themselves, they acquire strength by becoming spiral; when they meet with other branches of the same kind, they coalesce for mutual support, and one spiral turns to the right, the other to the left, thus increasing the probability of their finding support by the diversity of their course. If a plant be placed in a room which has no light, except from a hole in the wall, it will shoot towards the hole, pass through it into the open air, and then vegetate upwards in its natural direction. The shoots or tendrils of creeping plants, are invariably directed towards the nearest object, to which they cling, and the direction of the tendril may be repeatedly altered, by changing the position of the object attracting them. From these, and a variety of similar evidences of spontaneity, it has been inferred that vegetables have a limited degree of sensation

and enjoyment, and that they have an inferior participation in the common allotments of vitality.

I might cite endless examples of Nature's anxiety to maintain health, by throwing off disease or obviating deformity. Now, where does this power reside? In what does it consist? The advance of time had made considerable encroachments on the eighteenth century, before the antiquated doctrines of the chemists and mathematicians succumbed to the more just and reasonable views of the *vitalists*. For this revolution we are greatly indebted to STAHL, who was forcibly impressed with the difference between the changes which the components of the body experience during life, and what would occur in the same substances under other circumstances; hence he concluded that when they form a part of a living system, they must be possessed of some additional principle, that counteracts the effects that would otherwise be produced. To the agent that thus opposes the physical powers of matter, and to which the body owes its vital properties, he gave the name of *anima*. He considered it to possess powers of a specific nature, and attributed to it a species of intelligence which enables it to act the part of a rational agent, and to superintend all our corporeal operations. VAN HELMONT applied to the same principle the term "Archeus."

But what are we to understand by these terms? The immediate nature of this principle, or the mode of its operation, we are totally ignorant of. It is sufficient for our present object that we acknowledge its existence, observe its influence, and obey its dictates.

I say emphatically, *obey its dictates*. We talk of many diseases in a tone of arrogant defiance of the very laws which direct our every step. Take a wound for example. The utmost limit that the surgeon can advance to, is that of bringing the margins in close contact, and keeping its surface clean, and where he fails in this end, nature is compelled to come to our assistance, and heal by new substance what with a little extra aid she would have accomplished with much more ease and readiness. What is the extent of the boast here? That of an humble and almost powerless assistant; and thus it ever must be. We must ever continue humble followers in the path of nature, and dependent on her bounty.

The first part of my duty here, then, as your instructor, is, to disabuse your minds, by directing your attention to that influence and authority which you do *not possess*. Nature is imperative; she is arbitrary; her laws are immutable; she will sustain no interference, and listen to no compromise. *This* I conceive to be the first and most paramount concession to her power, demanded of the practitioners of our art, that we enter on our task prepared to watch and to obey. Let us then study her peculiarities, and, as far as possible, imitate her example. It will thus be my wish to inculcate a simplicity of practice, in which consists the only true philosophy of the art of healing. We are the sappers and miners in the forces of nature. We attend her path with the view to remove obstructions—to cleanse impurities—and having accomplished this, to leave her unmolested and uncontrolled. If I dwell on this subject, it is because here I would place the gravamen of a charge against those members of our profession, who, wanting a firmness of reliance on the authority of nature, or patience in its application, intrude upon her path with an unseasonable and officious zeal, perverting her energies by the application of means subversive of her most obvious intentions.

To Mr. ABERNETHY, whom I am proud to have called my friend as well as my instructor, the profession owes a debt of gratitude for enforcing, both by his precept and by his example, the value of this all-important principle. "Subdue *local irritation*," says he, "and regulate the action of the digestive system, and you control all controllable disease." To him it appeared (how is it surprising that it should have done so?) the philosopher's stone of medical practice; and if I express my regret that his application of it should have been so universal, I am bound to declare that within the circle of my experience no man was so successful in the controlling influence over chronic disease as he.

I say again, study nature, assist and second her intentions, but do not attempt to lead her. The influence of remedies for the most part is but negative.

These primary principles admitted, we proceed to the theory or principles which more immediately influence our treatment. I have already stated them as "general rules, which, though modified by circumstances, are applicable to all similar examples of disease." Now there is an obvious distinction between the theory of a disease and its treatment. By theory we understand the contemplation of, the reflecting or reasoning upon, a subject. This one would suppose an essential prelude to the treatment of all maladies, but it is not really so, inasmuch as the principles of life, or, rather, the views and objects which nature may have in contemplation in the cure of any particular disease, may not be so obvious as to obtain the unanimous concurrence of all physiologists. They may be susceptible of various explanations; whence the number of irreconcilable views taken by different authorities; and, as regards many diseases, their treatment was adopted on unknown or ill-understood data, and numerous theories have been based upon them, to suit the prejudices of their numerous inventors.

There is a natural and well-grounded prejudice against what are called *theorists*. The tendency of a man's mind to theorize is, *ceteris paribus*, just proportionate to the activity of his imagination, and as nature has so ordained it, men's judgment is ordinarily defective, as their imagination or love of speculation is acute. Thus it is that minds naturally imaginative, whose flight of thought equal in celerity the movements of the playful Puck, "who could put a girdle round about the earth in forty minutes," and whose speculations cost them neither time nor labour, see through the mysteries of diseased action, trace the movements of the master mind that wills it, "and give a local habitation and a name" to the self-created authorities of their ill-guided imagination. It is not from men so gifted that our profession will derive much advantage or instruction. Pray you avoid them.

There is another class of men, the objection to whom is so closely associated with the preceding, that I cannot forbear alluding to them,—they are mathematical surgeons. A man's mind that has been long accustomed to direct and palpable evidence, and whose conclusions are inevitable, though the very reverse of the imaginative, endeavour to reduce the question of principle to the level of direct reasoning, who will believe nothing that he cannot explain upon the same irrefragable principles of reasoning, as lead to the positive deductions of mathematical science. The tone of mind which this study engenders, appears to me not the most desirable for a practitioner of our art, notwithstanding the immense advantages which it affords in invigorating the reasoning powers. I should be sorry to be supposed desirous of withholding my tribute of admiration for highly-cultivated intellect or reasoning power; but I assert, that so long as the data are but imperfectly known or understood, and until the principles of life and the nature of their operation are brought within the grasp of our comprehension, that that man's practice must be (to use the mildest term) most imperfect, who would postpone for one hour the application of a remedy, because he could not explain the rationale or the principles of its action; and there are too many practitioners of this class.

With the action of how few of the innumerable remedies of our Pharmacopœia are we thoroughly acquainted! This may be deemed a species of empiricism, but within a certaint restraint it is essential to every practical department of our profession. You must not expect, then, that you are entering on a study, the principles of which can be reduced to a course of reasoning as certain and as conclusive as that of mathematical science. Empiricism means practice. It consists in the application of remedies which experience has taught us the value of, but which we have obtained through any means but those of reason. Take, for example, the treatment of some forms of disease of the testicle. We find them essentially benefited by the use of emetics. What is the rationale of this? Does the disease depend on a morbid condition of the stomach? If so, a form of aperient that would relieve it of its contents in common with the whole of the intestinal canal, ought to accomplish the same end, but it does not. Local depletives, aperients, diaphoretics, are equally inefficient, and an emetic finally removes the evil. Now the stomach and the testicle have neither vessels nor nerves in common. It is referred to sympathy. Is this satisfactory? To me I confess it is not, and in the state of our knowledge I should largely prefer acknowledging my entire ignorance of the *modus operandi* of the remedy, than I would mask the real difficulty by a pretended explanation, that would never be borne out by close physiological investigation. The conviction of our ignorance is the first step towards the improvement of our knowledge.

But, in the mean time, shall we withhold the emetic till we can explain the phenomena of its use? Certainly not; therefore the practice by empiricism is a necessary part of our duty. The late Dr. Gooch, the most able and most amusing lecturer of his day, was in the habit of recommending to his class some forms of medicine, which comprised a combination of a large variety of medicines in a single dose. In commenting on this "mess," as he was accustomed to denominate it, he used to say, "I combine these medicines together, because I find them answer the object I have in view; I do not attempt to explain the theory of their application; but I find them useful, therefore I employ them." With regard to this subject let me observe, that the chief object of my reference is, that I am desirous that you should not commit yourselves to an explanation of the *modus operandi* of a remedy, unless you see its operation clearly and distinctly. Its consideration will conduce to a most important end,—that of leading you to *reflect* and *reason*,—to establish, as your groundwork, clear comprehensive premises, on which your treatment is based; to eschew the jargon of words with which the really ignorant man involves in a mystery of technicalities the statement of his opinions, and to endeavour to trace the workings of disease by simple and concatenated steps to their ultimate termination. I attach the highest value to that instruction which teaches simple principles,—which places before the eye of the student the first processes of disease. I should be content rather, were he about to abandon instruction, to place him in the path of improvement, having adopted simple and distinct, but intelligible views of the early stages of disease, than I would endeavour to excite his

interest or his attention by vivid descriptions of extensive and uncontrollable disease. I should prefer to study nature in a case of common ulceration, in which my assistance might be valuable, to pursuing the endless ravages of a malignant growth, of the nature and source of which I may be totally ignorant, and in which the only advantage I could confer, would be sympathy for the sufferer. And here let me advert to a common error among students, which owes its existence to a defect in their education,—that of misnaming cases of disease by the application of the epithet "*good.*" You hear that Mr. So-and-so has a "good case" in such a ward, or "a good case of accident has just come in; they are gone for the surgeon to cut his leg off." Gentlemen, these are not good, but "bad" cases,—bad in every application of the word,—bad as regards the patient, for his body is mutilated by the knife,—bad as regards the art, for they justly expose it to obloquy,—and bad as regards yourselves, for they afford you no knowledge beyond that derived from beholding a painful operation, which you may possibly witness for the first and last time in your lives. I conceive a good case to be susceptible of relief or cure, and then the more extensive the malady, the greater the "goodness,"—a case in which the art of the surgeon triumphs over disease, efficiently co-operating with nature in its eradication,—not one in which the surgeon takes the case into his own exclusive charge, and effectually extirpates it by the amputation of the limb of which it formed a part.

Now, Gentlemen, if for the purpose of warning you against unphilosophical and unreasoning views, of exposing to you the real level of our knowledge, and of preparing you for the necessity of availing yourselves of the aid of remedies, the action of which in the present state of our knowledge admits of no satisfactory solution, I have for one moment become the advocate of empiricism, I trust that the principles of education I have subsequently advocated, will guarantee to you my conviction of its utter incompetency to advance professional knowledge. Empiricism may be employed as the refuge, without being the cloak, of our ignorance. It may prove a valuable resource. It may temporarily represent, it can never supersede, the practice of reason. We may employ it as the homage due to the unexplained mysteries of nature; but it must ever be deemed a detracting blot on the real dignity and intellectual rank of our profession.

Having considered the principles of practice which are so immediately founded on a knowledge of the principles of life, I come to the subject of *treatment*, or the application of remedies. Now without dilating on their various classes, whether medical or manipulative,—whether direct or indirect,—whether local or general, I conceive that next to the knowledge of their mode of application, the most important rule I can insist on, with certain limitations, is *the necessity of their being restricted to a degree of activity inferior to that of the disease they are intended to control.* This I believe to be an important principle of treatment, which I can best illustrate by example. A man rises in a morning after healthy sleep, his intellect clear and vigorous, with the circulation in his brain light and free, *because* during sleep his brain has been subject to a fuller access of blood, by which his mental faculties have been temporarily superseded.

The return of the circulation to a part of the body that has been exposed to excessive cold, is succeeded by a degree of heat above the surrounding temperature, and productive of a tingling pain. On the same principle we are told that a warm-bath is the best protection against the intensity of summer heat. These I may call phenomena of health. The same holds with regard to disease. Headache and throbbing are frequent consequences on fainting, in which the brain sustains a temporary loss of its circulation, and this, whether from loss of blood, or from a shock to the nervous system, producing the same result.

If you arrest any unhealthy secretion by a too powerful stimulant, the secretion returns in quantity proportionate to the activity of the means employed.

The means usually resorted to in the acute stage of gonorrhœa to suspend the discharge, most frequently increase the disease.

If you employ moderate pressure on the surface of healthy granulations, you increase their energy and promote their growth; small doses of aperient medicines, taken at certain intervals, will tend to constipate the bowels. In like manner stimulants, whether medical or moral, are succeeded by depression proportionate to the activity of the means employed.

All this is explained on *the principles of reaction*,—a principle so important and so universal as to influence our treatment of almost every disease.

For the purpose of maintaining growth, and of affording nutrition to every part of the body, of invigorating it by adding new materials to its structure, and of removing those which are superfluous or old, and consequently useless, nature has established the circulation of the blood. But for the purpose of controlling its irregularities, she has placed it under the superintendence of what is termed the nervous system, connected immediately with the brain or spinal marrow. These two agents, then, concur in the production of almost every description of disease. We cannot except from this law even the diseases of the circulation itself, which owe their origin to a defective state of the nervous system. How far we

may give to the nervous system an independent authority in the production of what are termed neuralgic pains, I shall not now stop to inquire; there exists a difference of opinion on this subject; but we must consider these two phenomena as intimately, and almost indissolubly, connected in the performance of the various functions of life; if the circulating system be in immediate dependence on the nervous, in accomplishing the design of its creation, in no less a degree is the nervous tributary to that of the circulation, for its force and energy.

The term "irritation" expresses a local disturbance of the nervous system, which is generally followed by a corresponding derangement in the circulating system, and inflammation is the result. If the irritation subside, the vessels resume their natural condition. Now I may define *reaction* to be the rebound of the nervous system after the application of any means that have tended to excite or depress it.

Let us imagine that nature has provided this system with great dormant power, beyond the necessities of the daily functions of life, which is only called into action on great emergencies, and we shall see why this rebound exceeds considerably in degree the condition in which it was first found.

What is the explanation then of the various phenomena I have alluded to? Exposure to the cold produces contraction of the vessels, by depressing their nervous system; the cause being removed, the vessels do not return to their former condition of healthy action, but are stimulated by the unhealthy rebound of the nervous system to undue action, in which the nerves themselves participate.

The warm-bath, by promoting the cutaneous exhalation, and raising the temperature of the surface, excites the circulation, which by the same rebound maintains a lower temperature throughout the day.

Fainting produces headache, by the reaction of the vessels of the brain, consequent on inanition. The application of a powerful stimulus to a secreting surface, excites the vessels to contraction, through the medium of their nervous system; this condition remains until they recover from the shock, when they pour forth their contents, with a degree of violence far surpassing their former condition; here I am, of course, supposing the stimulus to be considerable.

The application of slight pressure to healthy granulations, promotes their growth by simple excitement, that of a foreign body. The pressure tends to diminish them, and their increased growth is the necessary consequence: if the excitement be too great, the granulation is absorbed; and this object, where the granulations are of an unhealthy character, is often most desirable. Small doses of aperient medicines exciting in too slight a degree action of the intestines, suspend their natural and healthy functions by the same principle of reaction, and if renewed at comparatively short intervals, will suspend the action of the bowels entirely. The nervous system, in its moral sense, is subject to the same laws and is productive of the same consequences, whether in its normal or morbid condition. Excessive joy is invariably attended by painful depression and distress of mind, be the stimulus moral or physical. The mental anguish which overwhelms the drunkard, is not solely referable to the stings of conscience; while the furious and intractable hallucinations of the maniac, gradually sinking into exhaustion, exhibit him melancholy in spirit and powerless as a child. To uphold the physical and moral frame, and to maintain it in the condition of the fulness of health, the circulating and nervous systems must possess a uniformity of action, and an identity of power. They rise and fall together; they are indissolubly united. If you reduce the circulation by the abstraction of blood, to the same extent you lower the tone of the nervous system. How strikingly is the intimate and mutual dependence of the two systems manifested by the experience of every day! How entirely does the energy of character sink under the wasting energies of the bodily frame. Observe the labouring man! with limbs of giant mould, and the vigour of whose constitution and his endurance of pain appear to set at defiance the invasion of disease; subject him to the consequences of repeated abstraction of blood, or lay him up for six weeks, contending against continued irritation from a compound fracture, and his energy of character is gone, his intolerance of bodily pain is converted into sensibility the most acute; he becomes puerile, fretful, and suspicious. And will not in like manner the momentary blush of shame, or the rapid and irregular pulsation of the heart under the influence of fear, with equal force denote the dependence of the circulating on the nervous system? This intimate dependence must ever be kept in view by the practitioner. It may serve to teach us, that however extensive may be that class of inflammatory disease which warrants the abstraction of blood from the circulation, we cannot exceed the quantity which the most judicious observation would point out, without committing a double wrong.

In proportion to the excess of force in the remedy employed, will be the consequent *reaction*; may I not therefore with reason, insist on the importance of that law, which restricts the activity of our remedies, and which renders them efficient only when employed with a degree of force inferior to that of the disease they are destined to remove?

With regard to the immediate subject of remedies, they are either internal or external, the latter being local or general. We

may divide the internal remedies into those which give vigour or frequency to the circulation, and those which diminish its force. Now in the medical treatment of disease, doubtless the latter largely predominate: of these, the most efficient is that of blood-letting; a remedy calculated to accomplish the greatest good, and susceptible of the greatest ill.

Unfortunately, perhaps, it is a remedy always at hand; certainly it is employed with great effect, and often with great advantage, but that its agency is largely abused I have not the smallest doubt. There is no part of the treatment of disease which demands clearer perception and nicer discrimination, than the distinction between that condition of the circulating system, which either foretels or is actually attendant on inflammation, and that which denotes the excitement of the same system from weakness. Of all parts of the body, there is none which possesses so strong a claim on the circulation of the blood as the brain. On the abstraction of any considerable quantity, the brain appears to yield to the general amount of loss, a less proportion than any other organ or part. If you bleed an animal to death, the vessels of the brain are found distended with blood; as though that organ presided over the body as the primum mobile of its action. Throbbing of the vessels of the brain, however violent, is *more frequently* an exhibition of irritation or weakness, than of inflammation, indicating that the balance of the circulation is suspended, and that the brain is asserting its claim to a too large proportion of the residue to be compatible with its just and healthy distribution. The abstraction of a large quantity of blood cannot be justified at the hands of the surgeon, excepting for the purpose of contending against positive inflammation. I have no idea of taking blood for the purpose of reducing a patient's pulse to a certain standard. I have no idea of taking blood to avert a possible, nay, even a probable attack of inflammation; nor is that practice in any degree more warrantable, that would extensively reduce the circulating fluid, to the end of diminishing the force of muscular contraction. Unless the nervous system be cognizant of disease, you cannot take blood with impunity; and the same quantity of blood that might be advantageously drawn, under real and positive inflammation, might be fatally drawn without it. Nor is this principle exhibited only in reference to the abstraction of blood, but it appertains, with the same force, to any operation for the removal of a disease, of which, as I have before expressed it, the nervous system is not cognizant. These observations will, I apprehend, be found most especially to apply to patients of what are called an excitable nervous system, and to females of marriageable life. I will give you an example: during my residence in Paris in the year 1822, I witnessed an operation by Baron Dupuytren, for the removal of one of the toes of a young woman, not from disease observe, but because its position was such with regard to its neighbour, as to impair the symmetry of her foot. She suffered severely during the operation; inflammation did not succeed to an extensive degree, but she died, apparently from the shock her nervous system had sustained. Within a few weeks of her death, a second case occurred precisely similar in all its important particulars; after being at the verge of the grave for many days, this girl subsequently but slowly recovered.

I remember to have witnessed an operation for the removal of an innocent tumour from the shoulder of a young and susceptible woman, who, like the preceding, suffered greatly during its performance. There was something about her constitution that assured me there was danger attendant upon it. She died within three weeks of the operation, without the occurrence of any considerable degree of inflammation to which to refer it.

I remember another patient, a female, who died after the slight operation of removing a diseased bursa from the surface of the patella. Now in none of these cases was there any pain, and little inconvenience. All these persons were in rude health, and the rude health destroyed them, because their nervous system sustained a shock for which it was totally unprepared. I might dilate on this part of my subject with advantage, but you possess the opportunity of hearing these principles enforced by his authority, to whom the profession owes much of the merit of their promulgation.

Another observation on the general subject of remedies, is that of their peculiar action on different constitutions. Mr. Abernethy was accustomed to say, "All medicine is an experiment; what agrees with one man may not agree with another." We are all acquainted with the existence of certain idiosyncrasies as they are called. Some persons are severely salivated by a single grain of mercury, others are overwhelmed by small quantities of laudanum; and the repugnance to ipecacuanha is quite remarkable in some constitutions. I am myself acquainted with the wife of a medical man, who experiences a most distressing sensation whenever the stopper is removed from the bottle of that drug, even in another room. All this tends to enforce the importance of the maxim I have endeavoured to insist on—namely, the *importance of restricting the quantity of the remedy applied.*

The foregoing observations I am desirous of applying to treatment, or the use of remedies, internal or external, and for the

most part medical. There is, however, a second division of this subject which yet demands our consideration, and that is the manipulative. This comprises the reduction of dislocations—the setting of fractures—the determining by the touch, or local examination, the presence of fluid—indeed it includes the whole circle of operative surgery. In some form or other it must come within the experience of all of you, and though many may never possess the opportunity of acquiring the experience of operators of the highest class, yet it is impossible that you can avoid some intimacy with this important branch. Now there appertains to the public an opinion of our profession (than which none can be more erroneous), that to perform with the highest efficiency the duties of operative surgery, a surgeon should pursue his path indifferent to the wants or feelings of those whom either disease or accident has consigned to his charge. But they form this opinion, from the apprehension of an extreme of opposite evil—that of failure, *during an operation*, of the fortitude of the operator. Is there no medium? Is harshness or indifference the sole alternative to that unstable condition of the nervous system, which would endanger the life, or enhance the misery of our patient by failure in decision? Of the two I should deem the former the greater evil, for it pervades the whole conduct of the man. It extends to the deprivation of mental relief in no less a degree than it exhibits an indifference to his physical pain. I consider the sufferings of a patient as likely under many circumstances to obtain more probable mitigation from the sympathy of his surgeon than from his judgment. Doubtless the constant access to the exhibition of serious injuries may tend to render, in some degree, callous, the natural impulses of a sympathizing mind; but to the same end that delicacy of touch is essential to the detection of some forms of disease, so in delicacy of perception and susceptibility of feelings can the mind exhibit those endless resources which real and disinterested sympathy alone could invent and apply to the relief of the sufferer. It may be truly affirmed that the touch of the surgeon exhibits the character of his heart, and it is remarkable how striking is its exhibition.

Many diseases may be detected by delicacy of manipulation, which may really pass unobserved under a coarse and violent effort made to expose them. How often do we see men seize on a fractured leg and shake it with positive violence for the purpose of enabling the bystanders to hear the crepitus caused by the friction of the fractured ends of the bone; or, in cases of compound fracture, in which the finger is coarsely thrust into the external wound with a view to determine the direction of the fracture (a piece of most unimportant information probably), or of scraping away with the nail any comminuted portions of bone which must escape by a later and more salutary process! Some men can never see a wound without ramming in a probe, or a director; and all these persons pursue their wanton career, equally regardless of the sufferings of their patient and of the principles of their profession. But the cultivation of this delicacy of touch is no less a matter of duty, than of policy. Its presence is, in the majority of cases, the most direct path to the confidence and to the approbation of our patient, who relinquishes his case unreservedly into our hands, persuaded that the amount of pain he may sustain no art could have diminished. But it is not only as regards manipulation, but in the exercise of those numerous and highly appreciated personal attentions, the surgeon may rely with confidence that his services are esteemed, and will be liberally rewarded.

Gentlemen, at the bed-side of your patients you will learn the practice of surgery. It is not only with your finger *on* the radial artery that you will fully comprehend the characteristics of a *full*, a *hard*, a *frequent*, or an *intermittent* pulse,—for they are all relative terms,—or that you will discriminate the various degrees and stages of fever dependent on local injury. The practice of your profession cannot be learnt from lectures, the chief object of which is principle. What do you imagine to be the comparative advantage derived from one glance at that form of inflammatory tumour which we term a carbuncle, and that obtained from the most elaborate description by the lecturer; why, in the one case the disease would be immediately recognised; in the other, the student would doubt its identity until he had referred to some more competent authority.

I remember an example of an industrious and intelligent student whose attention I directed to a case of ranula. He thought himself familiar with the disease, but with the case before him he was compelled to acknowledge his ignorance, declaring that it had little resemblance to the malady his imagination had pictured. The eye is the most perfect of all the senses, and least liable to imposition. It will embrace and transmit more knowledge in a single minute, than a lecturer could dictate in an hour. The whizzing sound of an aneurysm, or the peculiar and indescribable sounds of a diseased heart, can only be appreciated by the ear. The condition of an abscess, the thickness of an aneurysmal sac, the temperature of the skin in fever, or the peculiarities of the various and uncertain diseases of the testicle and its membranes, can only be determined by touch; and what description, precise and admirable though it be, can supersede the office of the *eye*, in determin-

ing the position of a fractured leg, or the infinite varieties in the aspect or expression of countenance in a patient passing through the changes from disease to health. At the same time I do not wish to impress on your minds the belief that lectures are useless. Considering them as the *only* source of medical instruction, I think them useless; but they must be viewed as forming a part of instruction, and a part only. Unless the knowledge there acquired be confirmed by its application, it will form but a useless compound of undigested material which could merely qualify its possessor for commencing the study of *practical* surgery.

I cannot conclude this introductory lecture without directing your attention (not for the first time, however, I believe) to the necessity of cultivating some qualities, without the possession of which you cannot hope, whatever success may attend your path, to possess your own self-esteem, or that of your professional brethren. It is most wonderful, how little reliance can be placed on the simple statements of professional men. They appear to see everything with a jaundiced, or at least a prejudiced eye. If he relate a successful case, its peculiarities are almost instinctively magnified, for the purpose of exciting admiration, or obtaining approbation at the success of his treatment.

All speculative men have some theory to support, or some views to maintain, to which the symptoms and circumstances of the case are made to bend. They enter not on the consideration of their subject with minds simply animated by a love of truth; or, rather, the love of truth is overwhelmed by that of some more paramount thing; but men appear desirous to obtain a fictitious importance, by identifying themselves with something wonderful, — something uncommon and beyond the reach of others; this is not honest The fact is, that the line which circumscribes the boundary of truth is perfectly defined, though easily transgressed; and so prone are we to deviate beyond it, that its barrier ceases to become an obstacle in our path, and is trampled, unheeded, underfoot, becoming more and more indistinct, until it is a positive effort to detect it. Thus truth is confounded with fiction, and the narrator can only obtain the credit of his auditors to the extent of truth, by a compound increase in his deviation from it. There is, there can be, but one course which a perfectly honourable mind will pursue, and that is neither to amplify or embellish, but to adhere to the strict letter of truth.

This was the course adopted by one among the remarkably few exceptions to the general rule, I mean Mr. Hey of Leeds, whose single and unsophisticated mind, eminently distinguished for its love of truth, combined with remarkable talent for observation, afforded him the means of an unreserved communication with the progress of disease, and to lay up an immense collection of important facts in reference to their treatment. I consider his works as one of the best models of surgical literature; not elegant, perhaps, but they possess an air of truth that should be doubly cherished, because, unfortunately, they stand pre-eminent in this particular. For requisites such as these, the graces of style, and the sacrifice of truth to a well-turned period, form but an indifferent substitute.

In conclusion, gentlemen, let me recommend a systematic pursuit of study, and perseverance in its acquirement. A few cases, say three or four, are amply sufficient to engage the attention of the early student, of which notes should be taken. These notes should be made in the most condensed manner possible, but should be at the same time comprehensive, because they should embrace all the important facts which really bear upon the case, and these only. Practice in this part of your duty can alone enable you to give effect to this most desirable system, by perseverance in which you will possess a text-book for your future practice. Let me assure you, in the words of Lord CLARENDON, "that there is no art or science that is too difficult for *industry* to attain. It defends us against all strokes and assaults of fortune. It is that only which conducts us through any noble enterprise to a noble end. What we obtain without it is by chance—what we obtain with it is by virtue."

CASE OF

ACUTE PHLEGMASIA DOLENS.

To the Editor of THE LANCET.

SIR,—The following interesting case occurred in my practice, and I beg to forward it to you for publication in your useful periodical. I have the honour to be, Sir, your obedient servant,

JOSEPH HODGSON, M.R.C.S.

Spitalfields, Sept. 22, 1835.

April 4, I was engaged to attend Mrs. Horner, of B. G., in her first confinement, which she expected would happen at about the end of June. Age 39; tall in stature; fair complexion; very irritable in temper. Says, to use her own language, that she has had so many attacks of inflammation, that scarcely an organ in her body has escaped. Desired her to pay great attention to the bowels, which were inclined to be constipated, and to keep her mind as quiet as possible.

11. Has a severe attack of pneumonia, which required three bleedings from the

arm, leeches freely applied to the chest, and nauseating doses of *Ant. Tart.* and *Ipecac.*, before it was subdued. Blisters and expectorants restored her to health by the 28th. She went on very quietly until the

6th of July, when I was called to her at half past seven a.m., and before nine o'clock she was delivered of a full-grown girl.

7, 8, and 9. Symptoms favourable.

10. Complains of sharp pain in the uterus; lochia suppressed; pulse 120, and hard; tongue clean; bowels open. The nurse says that these symptoms came on yesterday evening, immediately after she had shown a good deal of temper about a very trifling matter. Apply *Hirud.* xij to the part in pain, to be succeeded by fomentations and poultices. *Hyd. Sub.* gr. j; *Pulv. Dover.* gr. v, sextis horis sum. Enema commun. cras mane, si opus sit.—*Evening.* V.S. ad ℥xx.

11. Rather easier; pulse softer; tongue clean; bowels open; blood of yesterday cupped and buffy. Contin. medicament.—*Evening.* Pain returned. Apply *Hirud.* xx to the hypogastric region.

12. Pain gone except on pressure; skin perspirable; tongue clean; pulse 115, and soft; bowels relieved by the enema. Apply *Hirud.* xij, and continue the medicine.

13. Passed a comfortable night; lochia returning; other symptoms as favourable as yesterday. *Tinct. Hyoscyam.* ♏ xxx; *Tinct. Digitalis* ♏x; *Liq. Ammon. Acet.* ʒij; *Mist. Camph.* ʒx. M. f. haust. ter in die sumend. *Ol. Ricini* ʒss, cras mane.

14 and 15. Going on well, which she continued to do, except being annoyed by what she called "rheumatic pains in her hips," for which some anodyne liniment was ordered. I was making my visits rather far between, with the intention of leaving her, when I received a hasty summons on the 28th. Right leg and thigh twice the size of the left; tense, and exquisitely painful in the course of the femoral vein. Says that "she felt the pain and swelling gradually proceed from the womb into the thigh and down the leg." Pulse 115, and very incompressible; tongue remarkably clean; bowels confined. V.S. ad ʒxx; apply hirudines xxx along the course of the veins, to be succeeded by hot fomentations and poultices. *Haust. Cathart.* c. *Pil. Cal.* gr. v statim sum.; *Pulv. Dover.* gr. v; *Hyd. Sub.* gr. j; *Extract. Hyoscy.* gr. v; *Ant. Tart.* gr. ¼. M. f. pil. ij, 4tis horis sum. — *Evening.* Blood sizy; pain diminished.

29. Pain returned; says "it is excruciating, particularly about the calf of the leg;" pulse 120, and very firm; bowels freely opened. Venesectio ad deliquium, which produced immediate relief. Contin. med. ut heri.—*Evening.* Pain returning: applicatur hirudines xxx. The thirty ounces of blood taken this morning were very much cupped, and very buffy.

30. Limb easy; skin moist; bowels open; has slept four hours without waking.—*Evening.* Pain about the calf of the leg. Applicatur hirudines xx. Med. &c. ut heri.

31. Progressing.—Evening. Slight pain in the calf of the leg. Applicatur hirudines xii; med. &c. ut heri.

August 1. Passed a good night; leg and thigh quite easy; swelling subsiding; *Mag. Sulphat.* ʒj; *Infus. Rosæ* ʒxj; *Tinct. Hyoscyam.* ♏x. M. ft. Haust. ter in die sumend.

2. Leg and thigh rapidly decreasing; appetite good; allowed a generous diet. Med. and poultices to be continued.

3. Doing extremely well; pulse about 96; tongue, as it always has been, very clean. *Quininæ* gr. iij; *Infus. Rosæ* ʒiss. M. f. Haust. ter in die sum. *Pil. Plummer.* gr. v omni nocte. *Ol. Ricini* pro re nata. Has nursed the whole of the time, and I am much astonished that she does not show the discipline she has undergone.

15. Patient gone on improving since the 3rd; appetite exceedingly good; bowels regulated; both legs of the same size; complains of weakness and pains in both legs; bandages to be well applied to the thighs and legs; recumbent posture for some time; and sent into the country.

Sept. 14. I hear that she is doing remarkably well; but, as she cannot walk much, she is very irritable. I think I may say that I never had a patient with whom I had more influence.

ULCERATION OF THE LARYNX.

To the Editor of THE LANCET.

SIR,—I beg to transmit to you the following case and observations for publication in your excellent journal.

January 6, 1834. Thomas W., residing near Middleton, was affected for a considerable period with soreness of the fauces, attended with difficulty of deglutition and hoarseness, and followed by pain on pressure over the cartilages of the larynx, or when that organ was forced from side to side. During these symptoms he was teased with a short dry cough. In this state he continued during several weeks, when the former symptoms became more aggravated, the cough being very troublesome, and attended by a fetid odour and purulent expectoration. He had been treated by several surgeons in the surrounding neighbourhood for consumption, but without benefit. When I saw him, he was much reduced in health and strength, and complaining of pain in the larynx from pressure or motion, particularly in attempting to swallow. Deglutition, indeed, was very difficult, and quite impossible if the food was solid. The cough frequently expelled fluids through the nares on attempting to swallow them. There was

constant and profuse expectoration of fetid muco-purulent matter, sometimes streaked with blood. The voice was nearly destroyed, the respiration hurried and difficult, and the rale sibilant sometimes produced a whistling sound. Pulse 110, small and quick; skin dry; countenance anxious; tongue loaded and furred; thirst distressing. He has some desire for food. The bowels are natural. He rarely enjoys sound sleep. On looking into the pharynx and depressing the tongue, the epiglottis can be seen ulcerated at its apex, and the surrounding tissue is highly vascular. Previous to the disease in the larynx, he had enjoyed good health, excepting on contracting syphilis a few years since, not followed, however, by secondary symptoms.

I directed the ulcer to be touched with muriate of antimony, and ordered him to have sarsaparilla, broth, diet, and one-eighth of a grain of deuto-chloride of mercury daily.

Jan. 19. He thinks there is less pain in the larynx. He dozes constantly. Ordered him a pint of porter daily.

26. He this morning coughed up a portion of bone, in form resembling the right arytenoid cartilage. His respiration is rather easier; in other respects he is the same.

27. He spent a bad night; occasionally raved; cold perspiration; pulse 120, and irregularly intermittent. Since the last report he has sunk very much. The pulse is scarcely perceptible; expectoration very difficult; he frequently mutters, and lies in a state resembling an imperfect coma. At eleven o'clock this evening he complained of weight and fulness about the heart, and in two hours after, expired without a struggle.

In the translation of Laennec's work by Dr. Forbes, Laennec remarks, that ulcers of the bronchia and larynx are in general found in subjects whose lungs are entirely sound; but in a note appended by Dr. Forbes, the opinion of Louis is given in opposition to that of Laennec, and Louis states, that ulceration of the larynx, and more particularly of the trachea and epiglottis, is peculiar to phthisis. From the cases which have occurred in my own practice, I decidedly hold the opinion of Laennec, and am opposed to that of Louis. I am in attendance at the present time on a lady residing at Blackley, near this town, who is labouring under ulceration of the larynx, in whom the sounds elicited by the stethoscope indicate a healthy state of the viscera of the chest, and such was the case in the subject above-mentioned.

I am, Sir, your obedient servant,

EDMUND TAYLOR.

Middleton, near Manchester,
Oct. 2, 1835.

CARBURETTED HYDROGEN.

[We received last week from Dr. Clanny a letter dated Sept. 20, in reply to the letter of Mr. Roberts which appeared in our columns. To allow this controversy to extend in THE LANCET one line beyond what strict justice demands to either party, is not our intention. We are not alone influenced in this determination by the fact that the cause of dispute is not clearly known to our readers. It must suffice then, on the present occasion, for us to insert the following abridgment of the statements contained in the first part of Dr. Clanny's letter of the 26th. The remainder of that communication is published entire.]

To the Editor.—Sir,—I request that you will be pleased to insert in your valuable journal the following letter from Mr. Newman, the celebrated philosophical instrument maker, in reply to a query addressed to him by me. The statement of Mr. N. goes to prove incontestably the correctness of all I have had occasion to write respecting the changing of the wire in my safety-lamp.

"122, Regent-street, London, 24th Sept., 1835.

"Dear Sir,—In reply to yours I beg to say that when your safety-lamps left my house, the metal cylinders which surround the wire-gauze were held up by pieces of fine brass wire passing across the cylinders. Part of a coil I found in your box, and which was returned. I had tried the experiment previously with some of the same wire, and found the flame of a candle sufficient to fuse it, which caused the cylinders (which were suspended by it) to fall, enclosing the wire-gauze.—I am, sir, respectfully, your obedient servant, JOHN NEWMAN.

"To Dr. Clanny, Sunderland."

As Dr. Birkbeck was not present in the room adjoining to the lecture room when J. Roberts placed the infusible piece of wire across the cylinder of my safety-lamp, he cannot with propriety assert that "it was an accident," and that "nothing unfair took place."

I beg to mention a few words upon what I called the sanction of the honourable Chairman for my withdrawal of my safety-lamps. The moment I saw Mr. Pereira drive the coal gas jet through the wire-gauze, I said (when I walked up to that part of the table on which the lamp stood), "I am satisfied that something wrong must have taken place, as such an accident as this never occurred before nor ever can again." I then deliberately used my glasses, and found that a piece of thick wire had been substituted; and upon removing my safety-lamps, I heard Mr. Upton, the partner of J. Roberts, very forwardly appeal to the hon. Chairman "whether I should not be compelled to submit my safety-lamps to Mr. Pereira's experiments." On removing my lamps, the

Chairman, Mr. Pease, M.P., put the following question to me; I give it as nearly as my memory permits. "Dr. Clanny, do you consider your safety-lamp as not having been tried, as it was not properly trimmed?" The impressive manner in which this question was put, called me from my seat to the table, when I firmly replied, "I do so consider it." No wonder, knowing what I knew and seeing what I saw, that, to use the words of Dr. Birkbeck, "I intemperately adhered to my decision, and refused further examination of my lamp." I have a letter from Mr. Pease, dated House of Commons, Sept. 5th, at the end of which that gentleman says, "Upton and Roberts asked me whether I had any objection to state my opinion that the mismanagement of the lamp was accidental. I had no hesitation to go so far, but I stated to them that your lamp had not been tried, because it was not trimmed as directed."

As to the "Medical Gazette," I shall not henceforth read one word in that periodical, even if it ever be edited by a gentleman.

Before I lay down my pen, I beg to make an observation on the subject of experimenting upon carburetted hydrogen, or, as it is now called, "bi-hydruret of carbon," which may be of service to those who may be inclined to follow up such experiments, and which I intended to have appended to my communication, inserted in THE LANCET of the 19th of this month. The graduated glass-tube, containing bi-hydruret of carbon and of chlorine in noted proportions, is to be placed upon the shelf of the pneumatic trough containing water, and the whole of the tube must be covered with a cap of pasteboard, or some such substance, so as to keep out the light effectually; but if the experiments be performed in artificial light, no such precaution will be needed. The mixture of gases must be left in a tranquil state for ten minutes, which will be a sufficient time for all the chloride of hydrocarbon, or oil-like fluid, to be formed. When we perform these experiments in open day-light, it (viz. the light) will accomplish the condensation of the olefiant gas, with the formation of carbonic acid gas and hydrochloric acid gas. This experiment appears to be an easy one, but it presents difficulties in the execution which require particular exactness. Thus it is, that if the experiment be performed over pure unmixed water, a certain portion of chlorine gas will be absorbed, which will detract from the quantity of the chloride of hydrocarbon; and if we employ water saturated with chlorine gas, the olefiant gas, in its passage, will produce a quantity of chloride of hydrocarbon, which ought not to be the case.

Last spring I printed a few copies of a small tract for private circulation amongst my friends, containing some "new researches upon flame;" and since my return from London I have most diligently prosecuted the subject, and find that in respect to yellow or light-giving flame I was correct, but in other respects, having since had time to correct one or two passages, I now find no difficulty in making public my discoveries thereon. I hope in a few days to have the pleasure of transmitting to you an account of those original experiments; and am, Sir, your obedient humble servant,

W. REID CLANNY.

Sunderland, Sept. 26, 1835.

MALIGNANT CHOLERA.

To the Editor of THE LANCET.

SIR,—In the summer of 1832, when the cholera was devastating the Canadas, a tattered old man appeared in Montreal, whom the Catholic populace were induced speedily to canonize for his successful treatment of this disease, which was at that time almost as mysterious to the population as the stranger himself. To this modern saint vast numbers of the infected were brought, who were restored to health from the most violent attacks of the inflammatory stage, as well as the worst possible collapse, even after the duly authorized medical practitioner had exhausted and relaxed his efforts. The remedy consisted of a due admixture of maple-sugar, charcoal, and lard, which *melange* was given to his patients in large quantities after every ejection. The results were astonishing, and could be indicated in the speedy alteration of the countenances of the sufferers, and the early subsidence of vomiting and purging.

We must not cry down this remedy as empirical, inasmuch as its merits appear to be effectually borne out by the employment of these agents, homely and cheap as they are.

It is obviously improper to permit a patient to continue retching when his stomach is in a state of violent inflammation, as in cholera, without a fluid or unctuous substance being interposed between the sides of the villous coat, to prevent attrition, and afford matter for expulsion upon which the antiperistaltic action of the stomach shall expend itself rather than upon its own substance. Unfortunate in the extreme was it for the patients of those who permitted not the use of any liquid but that spirituous poison which added fuel to the flame. Thus lard was combined in this remedy, not because it was the best, but the most common lubricating agent.

Mortification and gangrene are the consecutives of inflammation; hence it was thought necessary, in a disease which so

quickly displayed these phenomena, to apply a substance which should afford the best and most common antiseptic capable of being administered in bulk without the influence of any other qualities. This was supplied by charcoal.

Sugar, in common with lard and charcoal, possesses powerful antiseptic qualities, combined with a stimulating property; and in the addition of this constituent the necessity of a stimulus was acknowledged by the old man, in common with the medical profession at large, who have almost universally admitted that principle; but unfortunately the mass of the profession (at least in North America) could not admit the axiom without taking leave of their judgment, and administering spirituous liquors to excess, and, in consequence, many hundreds, to my knowledge, died in the same condition as they had lived,—namely, drunk. I must remark, in passing, that I consider the brandy and laudanum treatment, the unnatural combination of a narcotic and an inflammatory stimulant, to have been a stain on the intelligence of the profession, —a practice conceived in gross ignorance of the disease if not of the agents themselves. The main feature of cholera is inflammation of the stomach, for instance. I have seen no case in which congestion and inflammation of that organ have not existed. What, then, are the most proper applications to be made to it? for the stomach is in nearly the same circumstances as those of a limb suffering from phlegmonous inflammation. Administer substances which shall serve the offices of fomentations, poultices, and ointments. This may be decried as quackery, but we are bound in this disease to try every expedient which bears the remotest feature of a rational principle, or is founded upon any recognizable maxim.

I am bound also to state that *at the instant of attack*, a liberal bleeding, *hot fomentations*, and the administration of ipecacuanha and antimony, have been successful with my own patients. I have, ever since I lost my first case (that of a companion and friend, by the abuse of laudanum and brandy), invariably used the hot fomentation, and no circumstance has occurred to stagger my faith in its efficacy.

I am, Sir,
Your obedient servant,
W. H. Thomas.

Bristol, Sept. 16, 1835.

SAFETY-LAMPS AND FIRE-DAMP.

To the Editor of The Lancet.

Sir,—As some parts of Dr. Clanny's letters, which are not altogether personal, relate to his own opinion of the explosive quality of the fire-damp of coal-mines, and to the requisite power of safety-lamps to prevent the ignition of that gas, I trust you will allow me, through the pages of your scientific and much-read publication, to point out some dangerous errors into which, I conceive, he has fallen. The subject is one of great interest to all well-disposed persons, and of immense importance to those who are engaged in coal mining—much valuable property having been destroyed, and hundreds of lives lost, even within the last two years, in all probability by the prevalence of erroneous notions on the subject. I certainly do not think that the tests to which the safety-lamps in the late trial were put were too severe. No test ought to be considered too severe that could be met by any lamp then produced. One of the objects of the Committee was to obtain the highest security for the miner that could be obtained in a lamp. Were they then to take lamps that were not even safe to the test of common coal-gas, when one could be found that would bear the test of hydrogen and atmospheric air?

Amongst other observations of Dr. Clanny is the following:—"Had Sir H. Davy, in his admirable experiments on the inflammable gases of coal-mines, found any gases stronger than the fire-damp or light carburetted hydrogen, he would have no doubt so modified his wire-gauze (without using the *objectional* medium of *glass*), that even jets of coal-gas could not by any chance be driven through it." * * * "All these experiments of Mr. Pereira (therefore) go for nothing, as our pitman can testify." Now, with respect to this modification of the wire-gauzein the Davy-lamp, or in any lamp on its construction, any pitman will readily testify, and with good reason, that this modification of the wire-gauze has been carried to the full extent in all such lamps, which will leave them in any degree useful as a means of affording light. And in Sir H. Davy's own pamphlet on flame, &c., page 15, it will be found that Sir H. Davy was not so ill informed on this subject as has been represented. Sir H. Davy there says, "Some phenomena that I observed in the combustion of a blower, induced me to believe that small quantities of olefiant gas might sometimes be evolved in coal-mines with the carburetted hydrogen; I therefore resolved to make all lamps safe to the test of *gas produced by the distillation of coal*." Sir H. Davy even goes further on this most important point. At page 144 of the same pamphlet, Sir H. Davy says, "If pure hydrogen should be disengaged in any mines, the improbability of which is, however, very great, wire of a finer texture must be employed." Dr. C. says that while in town he made a promise to Mr. Pease and to Mr. Nicholas Wood, who is described by him as not only "an *experienced*," but as an "*accomplished* viewer," to analyse some of the most explosive fire-damp of coal-mines in

this district, which it appears the Doctor has done. Now with reference to his analysis of fire-damp, I beg to remark that from his statement, it might be inferred, that this gas is naturally less inflammable than coal-gas. That it generally appears so when analyzed is true, but to believe that it is always so, is an error, which has no doubt been productive of many of those lamentable accidents that have of late been so frequent and so severely felt in some of the mining districts; and which error therefore cannot be too speedily corrected. Fire-damp in its pure state is called "light carburetted hydrogen," from its having less carbon to its bulk of hydrogen than the common coal-gas. Consequently when in its pure state, mixed with a proper proportion of atmospheric air, it approaches, in inflammability, perhaps nearly to hydrogen itself and atmospheric air. Happily for the miner, it is very seldom found in this pure state, and never perhaps can be so, unless suddenly evolved in large quantities. Sir H. Davy states, pp. 30, 31,—"I mixed azote and carbonic acid in different quantities with explosive mixtures of fire-damp, and I found that, even in very small proportions, they diminished the velocity of its inflammability. Azote in the proportion of one to six of an explosive mixture containing twelve of air and one of fire-damp, deprived it of its power of exploding; and one part of carbonic acid to seven of an explosive mixture, also deprived it of the power of exploding; so that its effects are more remarkable than those of azote." Several other eminent men have shown that it is scarcely possible to get two specimens of fire-damp of the same quality. The variations of the quantities of its admixtures, which must always depend materially on local circumstances, it appears sometimes extend to at least 50 per cent. The experimentalist on a small scale is therefore frequently deceived, for he can scarcely ever come a second time to the same conclusion. Indeed he seldom gets it tolerably pure, as it is generally taken within the natural reach of the person employed, where it cannot be otherwise than greatly contaminated with carbonic acid and nitrogen. I can, from my own experience, speak of a great difference in the inflammability of two specimens of this gas. The fire-damp which was taken at a height of about twenty-five feet from a sumpt, was so highly inflammable, that its flame readily passed through a Davy lamp; while some taken near the floor of the same mine, at the base of this sumpt, had no material power on the lamp, and perhaps would not have been dangerous with a naked light. These facts show how carefully experiments, or opinions on the subject should be scrutinized. The fire-damp may come in any coal-mine, as it did so lately at the Wallsend Colliery, in a state no doubt far more explosive than it had been there for the preceding twelve years. But it came, and suddenly swept all away. No man therefore can be expected to be attended to who recommends that any extent of security which can be obtained, should be dispensed with where the smallest want of that which is quite sufficient, is generally attended with destruction.

I shall close my letter, which I now do, that I may not overreach too far, if I have not done so already, on your valuable space, without taking notice of the allusion made by Dr. Clanny to the parties "concerned in uprearing a well-puffed safety-lamp;" nor to his intended insulting reference to "a pitman," "a lamp manufacturer," or other insinuations which may be considered as personally offensive, and remain, Sir, your obedient servant,

GEORGE UPTON.

61, Queen-street, Cheapside.
22nd Sept., 1835.

[We have taken the liberty of suppressing from this letter every paragraph which would lead to useless and valueless controversy.—ED. L.]

THE LANCET.

London, Saturday, October 10, 1835.

THE very persons who possess less than the least influence in the election of medical officers in our public charities, are of all persons the most likely to be injured by a bad choice of hospital functionaries, and the most certain to be benefited by a good one. Those persons are the patients. The position which they occupy as claimants for the bounty of the charity prevents their admittance to the suffrage, excepting by a mode which must be described on another occasion. Every man, however, of a liberal and benevolent mind,—all those, in fact, who would place elections to public medical offices on a foundation which will ensure to the sick poor, efficient remedial aid, admit in theory the propriety of granting an influential voice in the choice of their medical attendants to the inmates of our national hospitals, for in the hands of those attendants are often placed the awful destinies of life or death.

But since the direct concession of the suffrage to the hospital patient is not in practice feasible, the duty falls on those who hold the reins of government in our medical charities, to substitute for the corrective voice of the most deeply-interested parties, some system of appointment which fully recognises in the object of the election the express benefit of the afflicted inmates, and tends to render subservient to that end every other consideration.

Unquestionably the form of appointment should be such as will test the talents and scientific acquirements of the various candidates, and admit of a fair comparison between the degrees of merit displayed, and provide the means for competent arbiters to pronounce a just decision as the result of that comparison.

The truth of affirmative positions often must be established by the evidence of negatives, which, unhappily, are too often within the reach of those who would abolish abuses in government, and erect in their place sound principles of legislation. Incessantly does it happen, for instance, in medical arrangements, that the advantages of a sound code of laws must be enforced by exhibiting the deformities of one which is imperfect and corrupt. On such a predicament are we thrown in the pursuit of the object which at present occupies our attention. We shall first hypothesize a case, and then prove its reality.

Suppose that the election of a surgeon to an Infirmary is about to take place in one of our county towns, and that a large body of persons has assembled before the tribunal of judgment to witness the proceedings and to assure themselves that the duty which the governors of the institution owe to the poor and sick amongst their brethren in the community, whom they invite to enter its walls, is strictly, conscientiously, and correctly fulfilled.

The first speaker rises to take his share in the proceedings, and makes known to his auditors the peculiar grounds on which the medical candidates claim admission to the arena of competition. All men would expect that the grounds of these claims should alone occupy his mind; because the right of admission as a candidate at all, requires first to be established; for a lawyer should not compete for the vacant office, nor should a soldier, nor a merchant, nor an artisan, nor, in order to prevent a waste of time, without impeding the principle of proceeding, should a known tyro in surgery. Amazement, however, surely would affect the assembly, on finding that the very proofs of the *right* to compete were converted at once into "reasons" for forthwith electing one particular man to the office, in preference to every other candidate. Great, surely, would seem the dereliction from a just principle, of that functionary in the election who should forthwith fill his exhortation to the electors with "reasons" based on unprofessional experience in affairs of medical science, and immediately pronounce a decision in favour of a yet untested candidate. Say that for decency the speaker prefaces his observations by an admission of the high importance of the duties to be executed,—of the great "responsibility" which will attach to the chosen officer, and of the necessity that, for the welfare and "comfort of the unfortunate patients," none but "professional grounds" should influence the decision of the meeting. Then thus imagine him to proceed, plunging at once *in mædias res*:—"Friends and electors! I re-"commend to your choice Mr. Surgeon "Dickin. First; because he has written a "*very modest, delicate, and humble letter of* "*solicitation to the trustees.* Therefore you "ought to elect him to cure the patients in "this hospital. "Secondly: because private "inquiries into his education and character "convince me that he possesses very high "*natural* abilities, that he has received the "very best education in *the first schools of* "*Europe*, bringing his education and abi-"lities to bear on his professional pursuits "in such a manner as eminently to fit "him to *cure the patients in this hospital.* "Thirdly: His teacher and *partner* in medi-

" cal practice, recommends in the strongest " manner that he should be elected surgeon " to the institution; *therefore* you ought to " elect him. Fourthly, because six sum- " mers back he ceased to be a student, and " comes before us therefore now with years " of venerable experience on his head. " Fifthly: because, since he received a li- cense to " practise, he has possessed the very " best *opportunities* of daily witnessing the " *newest discoveries* (numerous as drops of " hail in winter) in surgical treatment; while " the other candidates have been kept in " ignorance of these discoveries, by con- " stant employment in their libraries at " home, and in the sick rooms of patients in " long-established practices in this country " town. Sixthly, my friends, and above all,— " weightier in the scale of his professional " qualifications even than the recommenda- " tion of *his partner*,—is the fact that he has " passed many years (as a pupil) in this " very infirmary, seeing daily its practice, " and getting intimately acquainted with " the *habits and peculiarities of its* USUAL " INMATES. Seventhly and lastly: The medi- " cal officers of the establishment, though " none of them personally interested in the " election of their juvenile half-colleague, " have declared that he ought to be elected. " It matters not that the inmates, whose " habits and peculiarities he has studied, " were patients in the infirmary several " years since. Habits and peculiarities run " in the breed of Salopian hospital inmates, " and will be the same in those of 1836 as " they were in the inmates of 1829. Mr. " DICKIN therefore you should elect. " Moreover, none of the other candidates " have obtained the recommendation of the " medical officers of the infirmary. On the " contrary, it is a very general custom for " the physicians and surgeons in country " hospitals and infirmaries, to prevent their " brother practitioners from possessing the " opportunity of witnessing the practice of " those institutions; and of course they " could not recommend gentlemen whom " they purposely avoid in the hospital. " Gentlemen, these facts are overwhelmingly " influential with *me*, and I feel honoured in " proposing Mr. DICKIN to *you* as a surgeon " to the patients in this infirmary."

Probably a clergyman, an equally excellent judge of the professional claims of a surgeon, seconds the nomination.

Who would not laugh at this proceeding as at a scene in a farce,—or start at it as a mockery of the claims of the patients, and a grossly unjust attempt to influence the electoral judges against the claims of able and experienced men who had *not* written "delicate" and "humble" letters to the "trustees," though possessed of "high natural abilities," and educated in the first European schools,—who possessed no certificates from "partners," nor the privilege of admittance to the practice of an hospital where the oracular authority of the "newest discoveries in surgical treatment" was a youth of five or six and twenty,—and who had only been employed daily for twelve or twenty years in treating disease amongst individuals whose "habits and peculiarities" were not characteristic of a particular set of sick patients?

Yet from the life have we made this sketch, and such another could we draw from the life in every number of our journal throughout the year.

Let the reader judge how faithful is the illustration, and reflect on the facts which it exhibits, by perusing the following extract from the *Shrewsbury Chronicle* of the 25th ultimo. Well may the sounds of "*cheering*" and "*continued cheering*" which attended the exordium of Mr. GORE, have been arrested at the point of their actual cessation. Most appropriate were those demonstrations as indicated by the reporter, but for the assembly presently to withhold them, became a duty which was well observed. The sentences are transferred *verbatim* to our columns:—

"*Election of a Surgeon to the Salop Infirmary.*

"The trustees of this institution, to the number of upwards of 300, assembled in the Infirmary, on Friday last, to elect a surgeon

in the room of Mr. Humphreys, resigned. There were as candidates, Messrs. Higgins, Clarke, Dickin, and W. J. Clement; but the first-named gentleman resigned, and the second did not proceed to a poll; the contest, therefore, lay between Messrs. Clement and Dickin.

"W. O. GORE, Esq., M.P., rose and spoke,—It has fallen to my lot, my Lords and Gentlemen, to nominate Mr. Dickin as surgeon to this very useful institution; but before doing so, I will briefly state the *reasons* that have induced me. Some time ago Mr. Dickin applied to me for my support at the election, and that I should propose him. I declined; because, although I knew his connexions to be highly respectable, still I knew not enough of Mr. Dickin professionally to support his pretensions to occupy a situation of such *responsibility*; for I think that this election is to be decided *on professional grounds alone*, and not on any personal, far less political ground (*great cheering*), but solely with an eye to the character of the institution, and *the comfort of its unfortunate inmates*. (*Continued cheering.*) When, however, I read the very modest letter which he addressed to the trustees, in which he claimed nothing, but stated his pretensions with equal *delicacy*, *modesty*, and *humility*, I could not resist making further inquiries into his education and character; and these inquiries satisfied me that Mr. Dickin was a gentleman possessing *very high natural abilities*, having received the very best education in the first schools in Europe, and brought that education and those abilities to bear on his professional pursuits in such a manner as to gain him the approbation of all around him, and *eminently to fit him for the situation to which he now aspires*. From his tutor, and *partner*, Mr. Humphreys, I received a letter, recommending Mr. Dickin in the strongest manner; and as no man could possess better opportunities of knowing him, I could no longer hesitate in affording him my humble support. The testimonials which Mr. Dickin has this day laid before you, are such as few young men ever produced. Few men *of his standing* have seen so much hospital practice, a species of knowledge so valuable in this institution. In 1829 he received his diploma, and since that period he has been studying in Edinburgh, where he has had the very best opportunities of *daily witnessing the newest discoveries in surgical treatment; whilst the other candidates have been precluded from this advantage, by their other professional labours*. But above all, he has passed many years in this very house, seeing daily its practice, and getting intimately acquainted with *the habits and peculiarities of its inmates*; and so zealously did he perform his arduous duties here—so diligent and attentive was he—that he gained the good will, not only of every patient that was received within its walls, but of every medical officer upon the establishment, who have unanimously joined in recommending him as well fitted for the situation. *Such* recommendation is of the highest value in enabling you to come to a satisfactory decision. None of the other candidates comes before you so recommended; and no such names as Darwin, Du Gard, or Johnson, would be attached to a document, were these honourable men not aware that the person they recommended was worthy of the praise they bestowed. I therefore feel honoured in proposing Mr. Dickin to be elected as surgeon to the Infirmary.

"The Rev. Mr. COTTON seconded the nomination."

We have thrown the burden of exposing these absurd grounds of recommendation on the fictitious oration of one of the judges in this concours of friends, and, as we hear, political partisans. But the speech in which the claims of the second candidate were urged, may obtain from us a more pointed exposure of the errors into which the system of election upon simple nomination is calculated to lead the self-appointed guardians of the public health. When Mr. GORE had concluded,

"Archdeacon BUTLER rose and said,—My Lords and Gentlemen, I come forward in behalf of one who was for some time *my pupil*; who then conducted himself much to *my* satisfaction, and gave the promise of those talents which his after life has so amply redeemed. But he has a *stronger* claim to my services than *this*, arising from *the many and great obligations which I feel myself under to his father and himself*, for the skill and attention which they have shown for many years in their professional capacity, while attending two-thirds of my family. I have seen the medical skill of the latter exercised with a happy combination of promptitude and *judgment*, on more than one critical occasion,—where the result has been eminently successful,—where delay would have been ruinous, and where but for such decision the issue must have been fatal. (*Cheers.*) Mr. Clement's *testimonials* are before you, and when among the host of first-rate practitioners you find the names of that great anatomist and surgeon Sir Charles Bell in the surgical, and of *Dr. Southey*, physician to his Majesty, in the medical department, and consider the terms in which they have spoken of him, I may call them not merely respectable or unexceptionable, but of *the highest order*; and I am sure you will acknowledge that I am not using too strong a term to describe them. But he has something still stronger than

these to produce. I mean the direct evidence of his own talents—his own experience—his own *extensive practice*—his own operative skill—all of which are not only before the eyes of his *professional contemporaries in this town and neighbourhood*, many of whom, in so *unusually* kind a manner, have come forward to attest them, but of *the whole medical world*. Mr. Clement has given proofs of this in his Prize Essay, for which he obtained the Fothergillian gold medal in a competition *open*, I believe, to all Europe; and in the volume which he has published, which has been translated into other languages, and of which, though *I am not competent to speak professionally*, I can trust the opinions of those who are, many of which you will find annexed to his printed testimonials. From these you may learn the ardour with which he embraces his profession, and the skill with which he conducts it; the fair *reward* of which, I trust, *he is about to reap this day at your hands*. And with this hope, my Lords and Gentlemen, I shall beg leave to propose Mr. William Clement, as a fit and able candidate to fill the office of surgeon to this Infirmary. (*Cheers.*)"

That of these two candidates Mr. CLEMENT was, on the ground of experience, the fittest man to fill the vacant office, we have no doubt. That either of the candidates was not an accomplished surgeon, we have no reason for believing; certainly, however, the probability of efficiency was in favour of Mr. CLEMENT. Yet Mr. CLEMENT did not obtain the appointment, and two other gentlemen were expressly driven from the field of competition by the mode of election,—by the institution of the false basis on which the points of merit were made to rest. But how could Mr. CLEMENT, or any candidate, expect to be elected, who suffered his claims to consist of the following grounds of recommendation? First, the voucher of his schoolmaster, that he was a clever *boy*. Secondly, the declaration of a private patient that he was under great obligations to the father of the candidate and the candidate himself, for the exercise of their professional skill and attention. Where is the patient in private life, who would not say the same of the medical attendant of his choice? Lord INGESTRIE and Sir FRANCIS BURDETT bore a precisely similar testimony to the skill and attention of JOHN LONG, and everybody laughed at them as a couple of dupes. Why, the first examiner of medical talent in the world could not, with all his fitness for the office, have pronounced a higher eulogium on the medical "skill" and "judgment" of a candidate for office, than fell from the lips of the *archdeacon*. Thirdly, Dr. BUTLER urged the "unexceptionable" weight of the written "testimonials" of Mr. CLEMENT. Testimonials! Why, the very name stinks in the profession. The testimonials of *teachers* and private friends! Hardly a name of reproach is there that can be attached to scriptorial impositions, which has not been publicly given to them by this very class of testifiers themselves (when hard pressed), as every reader of the evidence taken before the Parliamentary Medical Committee well knows. Fourthly, the electors are referred to the fact that Mr. CLEMENT is occupied in a most extensive private practice, his skill in which is notorious to his professional brethren. To say nothing of the singularity of urging the election of a gentleman who is already well occupied in a "most extensive" practice, to an office in a large county infirmary, let us observe that the skill and science of a private practitioner can be but indifferently observed by his professional brethren, and are liable to present too many deceptions to justify reliance upon them from hearsay or general belief. Moreover, the "professional contemporaries" who were declared by Mr. GORE to be the best judges of the skill and judgment of a Salopian surgeon, actually gave *their* decision in favour of another candidate. But the error of trusting to written and verbal grounds of recommendation in medical elections is made more palpable, if possible, by the addition of the claim set up by Dr. BUTLER, relative to the competition of his pupil for a medal, which, although nine-tenths of the professional world probably never thought twice of its existence, yet is said to be open to the struggle of "all Europe." The climax of these recommendations, however, is contained in the prayer

that the appointment may be given as a "*reward*" for,—ah, a reward for what? Truly, puzzled are we to say. Most probably no salary sweetens the labours of the office in the Infirmary, and the just execution of its duties must actually deprive Mr. CLEMENT of part of the very income which he derives from a highly remunerative circle of private patients. A reward, then, for what, and what kind of reward would the possession of this appointment be to Mr. CLEMENT? Archdeacon BUTLER begs the trustees to double the labours of a gentleman, as a recompense for that portion of them for which he has actually already been paid! What a very funny mode of proceeding! How odd a system of reward! Had the trustees liberally attached a salary of three or four hundred pounds a-year to the office of chief resident surgeon, and then opened the post to public concours, the word "reward" might not sound so very foreign to the occasion. It might with a good grace attend the annual presentation of a check for the salary; but as matters at present stand, we certainly do not comprehend the term. We know what is meant by the "benefit" of the *patients*. We wish that *that* was better understood. Alas! it is the very weakest spring of action in English hospital elections. Yet, *professedly*, it is the be-all and the end-all of public medical charities. A third speech was made at the Salopian Infirmary, and in that speech was large talk of the *patients*. No feelings more considerate, indeed, could have influenced the orator than were expressed in the introductory passages.

"I rise," said Mr. BATHER, "to second the nomination of Mr. Clement. Mr. Gore has told you that neither *favour* nor *affection*, neither *political partiality* nor *personal predilection*, should bias our votes on this occasion; and I, on behalf of Mr. Clement, *most cordially subscribe to the doctrine*. (*Cheers.*) Most heartily do I trust that the advice thus given will be acted upon thoroughly in our present selection. (*Cheers.*) Perhaps, on such occasions as these, the best feelings of our nature are the most likely to mislead us. Even *gratitude*, the most exalted feeling of humanity, may interfere between our judgments and our desires, and lead us to forget the former while *seeking the accomplishment of the latter*. And when that gratitude is called forth by sufferings alleviated,—or affliction soothed,—or death averted,—or health and enjoyment being restored into the place of misery and suffering, in our own persons, *how easily may we be led to forget our duty*, and to remember only our gratitude! (*Cheers.*)"

This is eloquent and true, but how was the well-cheered theory observed in practice? Let the recommendations urged by Mr. GORE and Dr. BATHER furnish answers to the questions. To these Mr. BATHER added another claim, but such another as every practitioner in Britain could supply for himself by the dozen. He said,

"In this case, with all the strongest ties of gratitude wound close around us, we are freed from any terror of being misled by such feelings, in the perfect knowledge that the skill which averted our sufferings is, if you will permit it, to be employed in alleviating the affliction of the humblest of our fellow creatures;—that the decision which averted from us the pangs of death, is proffered openly to all; and that not by the wealthy alone, are zeal, and promptitude, and skill, and talent, to be obtained, but by the poorest and most destitute those qualities may be commanded, if you will this day permit them to be accepted. (Cheers.) Dr. Butler has told you that to Mr. Clement and his father is entrusted the health of two thirds of a family, not exceeded in number or respectability, you will allow, by any in the kingdom—certainly not exceeded in any case in the care which is bestowed upon them by that gentleman's family. My reverend friend has also told you that in the humanity, promptitude, and decision of Mr. Clement he had the utmost confidence, and to those qualities he attributed much of the healthful enjoyment of his pupils: he has further drawn such a picture of what might have arisen from the want of those qualities, from less care, less promptitude, less zeal, or less decision, as must deeply have impressed your minds with their value. Gentlemen, if Dr. Butler so feelingly speaks of Mr. Clement's abilities as regards his pupils, with what depth of feeling must I speak of him, when to the successful exertion of those qualities, under God, I owe the life of my own, son; for to that zeal, promptitude, and skill I owe his preservation! (*Much cheering.*) Surely, then, if gratitude forces me to what my cool judgment would otherwise lead me, I cannot be far astray in following their dictates. (*Cheers.*)"

It was sad to see the gashes which Mr.

BATHER, as the advocate of Mr. CLEMENT under the imperfect system, kept inflicting on his own throat. He could see the mote in Mr. DICKIN's eye; the beam in Mr. CLEMENT's, obstructed his vision.

"This," said Mr. BATHER, "is essentially a case to be decided by your opinion of the comparative superiority of one candidate over another. You are *bound* to select the best, or you betray your trust We can speak well of each candidate. But look at *the evidence*. The first class consists of proofs of those steps which enable the candidates to *offer* themselves as qualified to fill the situation. But we cannot permit Mr. Gore to hold forth that as a *recommendation* which is only a *certificate*. We cannot allow him to say that Dr. Darwin has recommended him in preference to the other candidates, when he has only certified that he *properly attended his duties in his situation;* and *which certificate could equally be obtained by any young man who properly conducted himself*. (*Hear, hear.*) Mr. Dickin's testimonials are all to a similar effect. Great hope have the writers that he will prove in time a useful surgeon. (*Laughter.*) We show you the eminence Mr. Clement has already attained. Can you hesitate which you should select, if you mean honestly *to benefit the patients in this infirmary?* The abilities of the candidates are to guide you in that decision. (*Cheers.*) Yet Mr. Humphrey's recommendation must be taken with all due allowance. Mr. Dickin has been his pupil; he has now become his partner, and to him therefore the partialities of its chief will naturally incline. For see how these matters are conducted. Mr. Sandford was the original founder of the firm; he in course of time retired, and handed over the business to Mr. Humphreys, *with the surgeoncy to this institution attached;* and now that Mr. Humphreys is about to retire, Mr. Dickin is to succeed him, and the surgeoncy follows as a matter of course, being handed over from partner to partner, like the scalpel and the gallipot. (*Cheers and laughter.*) Poverty and disease are surely sufficient afflictions; let us not add to them other evils of a yet more horrid sort; let us not promise them relief, and give them disappointment. (*Cheers.*) If you were to throw overboard all Mr. Dickin's testimonials, the same number abstracted from Mr. Clement's would not be missed: for his experience and repute would remain; and *on what other grounds can you choose an operating surgeon?* What say his fellow surgeons of him? Has he not produced a list of the most eminent surgeons in the county, strongly recommending him to your choice, throwing aside all professional jealousy, and they are but a jealous and waspish generation. Mr. Clement has given to the world his "Observations in Surgery," which all persons *qualified to give an opinion* have highly lauded. The French and Germans have translated it. Can higher testimonies be borne than the united praises of the three greatest nations in Europe? I conjure you to reflect on the condition of those for whom you are acting. I ask you, *not for Mr. Clement's sake*, but for the sake of the Infirmary, to appoint the man whose experience and abilities best qualify him for the place."

"*Not for the sake of Mr. Clement?*"—Why, what said Dr. BUTLER, the coadjutor of Mr. BATHER? Dr. BUTLER expressly demanded the appointment for the sake of Mr. CLEMENT,—for his "reward,"—as the Doctor phrased it. And these incongruous sentiments fall from the lips of two of the most prominent and influential conductors of the election! Is there no gentleman within the sound of Shrewsbury clock who will take the trouble to explain to these worthy and most respectable gentlemen,—and such they are in every sense of the words,—the conduct, object, efficiency, and security of the concours? Conviction on those points might do some good at the next vacancy.

The meeting was evidently in favour of Mr. CLEMENT, but part of the *judges* were non-residents, or at any rate non-presents, for—

"Immediately on the conclusion of Mr. Bather's speech, a show of hands was called for, which was considerably in favour of Mr. Clement. A ballot was then demanded, in order to introduce the proxies, when the numbers were announced—

For Mr. Dickin	221
For Mr. Clement	168

"A vote of thanks was then moved to the Chairman by Mr. Bather, seconded by Mr. Sheppard; and the meeting dispersed."

We shall pursue the matter only a step farther at present. We cannot before leave it refrain from asking how it happened that Mr. CLEMENT, a gentleman who had, probably, no need to fear the contest, said not one word throughout the period of canvass about the election by concours? Under that form of appointment, how would the weak and unworthy have gone to the wall! With what tenfold honour would a success-

ful competitor have entered on the duties of the office! How manifest then would have been to the trustees and the public the propriety of remunerating the great skill and talent which circumstances had rendered prominent! We do not for a moment believe that Mr. DICKIN would have avoided this test of his qualifications; and what an example would he have set, what fame might he have acquired, by insisting that it should be instituted! That *he*, at least, could have carried the point, who can doubt? If 221 friends would vote for his appointment under an absolutely worthless system of "trial," how much more readily, —urged by his demands, and fortified by his confidence,—would the majority of the trustees have made an arrangement for a public and an honourable concours between him and Mr. CLEMENT! He has missed a point which he may never retrieve. We hope the patients in the Infirmary will have no cause to regret the want of courage in the candidates (if *that* were the want) which led the trustees into the gross error they committed in tolerating another election under the old, inadequate, and corrupt system of election.

WE this week afford our readers three or four specimens of the kind of matter which occupied the attention of the medical students in the metropolis this session at the introductory lectures. *Jam satis.* The system is by this hour of the month in full swing. It will die at not one point of advance beyond its merits at the day of its birth.

We observe that Sir C. BELL ascribes the rise of the Middlesex Hospital School to a desire to reobtain the pupils who have been drawn from that hospital to the hospital of the London University. What a mistake is the remedy! The governors should have thoroughly amended the *Middlesex Hospital* as a school of instruction, and then no pupils would have left its walls. Do they not see that it is the *North-London Hospital* which attracts students to the University lectures? How wayward in their principles of legislation are the old folks in the hospitals!

Sir CHARLES BELL referred in his address to his Parliamentary Evidence. He is one of the few men of his class who can afford to do so. His opinions on medical legislation, for the most part do his courage and his discrimination credit. Let those medical students who have not yet perused them, learn what a man who has deservedly risen to the highest pinnacle of professional fame in this country, solely by the aid of his own industry, thinks of the present system of medical education and practice in England. They will find his evidence recorded in THE LANCET of the 25th of July last, No. 621. And while referring to it, we may take the opportunity of adding, by way of postscript to our recent remarks on the study of anatomy, and on the fraudulent system of lecturing students into a knowledge of medicine, the following remarks of Sir CHARLES on those subjects:—

"When a young man retires from his studies, and is solely dependent on himself in practice, the knowledge which he feels the greatest difficulty in supplying, is that of anatomy. In speaking on the subject of education, I wish to distinguish between lectures which require demonstration, and those which are *mere discourses*. Anatomy and chemistry require demonstration. *These*, therefore, are the most essential to be taught by lecture. The practice of medicine and surgery requires to be taught by *the bed-side*. Elementary courses on these subjects may be supplied by diligent *reading*. To crowd a curriculum of medical study with a variety of courses, would be little conducive to a good end. There is a disposition to diminish the importance of anatomy. Yet anatomy is the groundwork of all. From that science, not only the elements but the great rules of the profession are to be drawn. I do not think that there has been *any* advantage derived *from multiplying professorships, and dividing and subdividing the subjects of lectures* (into so many courses). I fear it has often been done *for the purpose of providing for individuals*,

EMMENAGOGUE PROPERTIES OF ACONITUM.

In a paper by M. West of Strasbourg, in the August Number of the *Archives Generales de Med.*, M. West states that aconitum is one of those remedies which after having been praised beyond all measure, like many other new remedies, is now completely neglected in France. In Germany a few physicians still employ it in some cases, particularly in phthisis and rheumatismal affections. The author, while attending the clinique of the School of Medicine at Vienna, has seen a great number of experiments with this remedy. In phthisis its action never appeared very advantageous, but always inferior to that of the other narcotic substances. Its utility in cases of rheumatism seems more doubtful. However, amongst other patients at the school of Vienna, the author observed two females on whom the action of aconitum was very remarkable. One was a stout female, 27 years of age, affected with articular rheumatism of the left arm: her menses had been suppressed for three months in consequence of exposure to cold. Aconitum joined to antimony was administered for the rheumatic affection. The latter persisted without any change, but the menstrual discharge was quickly restored.

The second case was that of a female, 32 years of age, equally affected with rheumatism, whose catamenia had not appeared for five months: she took aconitum; the pains diminished slightly, and the menstruation was restored. These cases roused the author's attention, and induced him to make further experiments. He details three examples of successful application of the remedy to amenorrhœa. In the first, the disease had been established for twenty-two months: the patient was bled, and took the watery extract of aconitum for eight days previous to the supposed menstrual period. On the 5th day the pupils appeared dilated, with other slight indisposition: on the 8th day the menses reappeared, and have continued regular since that period.

In the second case, that of a weakly girl, the menses had been suppressed four and a half years, and replaced by a leucorrhœal discharge, more abundant at each period. The patient took thirty grains of the extract in twelve days, for suppression of the leucorrhœa, accompanied by pain and weight in the summit of the vagina: on the 10th day the pain had much diminished, and the white discharge had returned.

In the third case, the girl, 19 years of age, began to menstruate at the age of 16! after the lapse of a year the discharge was suddenly arrested in consequence of exposure to cold. After five months the patient experienced severe pain in the head and abdomen. These soon changed into true hysteria, the access of which came on at each menstrual period, and was excited by any moral emotion. The patient was seen a year after the suppression of her catamenia, and then exhibited the symptoms of chlorosis in the highest degree. She was ordered general and local baths, with thirty pills of the extract, to be taken eight days before the expected period. After the use of twenty grains the catamenia appeared, and were succeeded by a very fetid white discharge; from this moment the access of hysteria disappeared, and the patient gradually recovered her health.

From these facts and several others noticed by the German writers, the author thinks the efficacy of aconitum in cases of amenorrhœa cannot be doubted; as to its mode of action, the author thinks it may determine the reappearance of the menses, not by any specific property (for there does not exist any absolute emmenagogue), but by calming an irritation of the uterus, by which the vessels furnishing the menstrual flux are prevented from performing their ordinary function.

RE-VACCINATIONS IN THE ARMY OF THE WURTEMBURGIAN STATES IN 1833.

Professor Heim states in the *Wurtemb. Mediz. Correspondl.*, Nos. 10 and 11, that 1683 individuals were re-vaccinated with the following results:—34 in each 100 with success; 22 with modified results; 44 without any result. The patients were from twenty to thirty years of age. Of 577 who were re-vaccinated with perfectly successful results, 293 showed good cicatrices, 116 imperfect, and 168 presented no cicatrices at all. Of 366 re-vaccinated with imperfect results, 193 had good marks, 134 imperfect traces, and 39 no cicatrix at all. Finally, of 740 persons re-vaccinated without any result, 382 showed good, 222 imperfect, and 136 no cicatrices.

THE ARTERIES IN INFLAMMATION.

To the Editor of THE LANCET.

SIR,—In the last number of the *Medico-Chirurgical Review* there is a notice of Professor Alison's paper on the vital properties of arteries, &c. I was glad to find, on a first perusal, evidence, as I thought, that that journal had changed its opinion regarding the state of the vessels in an inflamed part, and of those leading to the part. On re-reading the article, however, I was surprised to find that there was no change in opinion, but that the doctrine advocated by the Professor had *always* been considered by that journal as the true doctrine. In my own mind, from what I had gleaned from the pages of the *Medico-Chirurgical Review*, I had settled that it was opposed to the doctrine of *debility* of the vessels in inflamed parts; and I was sorry for it, because from its high repute and great circulation it became a powerful means of extending an error which has occasioned immeasurable mischief. Afraid that I had all along laboured under a misconception of the sentiments of the journal, I have referred to former expressions of these sentiments, and will briefly transcribe from its pages some of the remarks on which rested my opinion of its creed.

At page 498 (*Med. Chir. Review*) you will find the following passage:—"Every one knew that vessels leading to inflamed parts were dilated; and it is nearly half a century ago that numerous experiments were made in Edinburgh (Lubbock, Allan, Wilson), to prove that the capillaries were *weakened* and dilated in inflammation, and consequently that the circulation was actually *slower* in inflamed than in sound parts. *We* have *always* considered this as the true doctrine of inflammation, and we are glad to see so able an advocate of the same in the person of Professor Alison."

Compare with the above the following, which you will find at page 411, *Med. Chir. Review*, October 1832:—"The prevailing opinion at present appears to be that the capillary vessels are *weakened* and dilated, because by reason of that weakness, they are unable to resist the *ordinary* force of the heart and large vessels. This has *always* appeared to *us* a fallacious theory, although we are willing to allow that it is a specious one."

Of course the journal could not but admit of a dilated state of the vessels, but I am not aware that it ever until now admitted, that the vessels in acute inflammation were in a *weakened* or debilitated condition; on the contrary, it has laboured to upset the doctrine. "The treatment, then, of inflammation," the reviewer says, "should teach us something of its nature. It tells us this, that inflammation is not always the same, that acute inflammation is remedied by what empties and relaxes the large vessels and the small, that certain forms of chronic inflammation are best treated by what astringes and gives tone to them. Who does not know that phlegmonous inflammation is best treated by depletion, local or general, or both; and by the application of warmth and moisture, agents especially calculated to relax? We think this instance sufficient to upset the doctrine which makes inflammation consist in *debility* of vessels."—*Med. Chir. Rev.*, October 1832, p. 414.

Is there not a change of opinion also as respects the velocity of the circulation in the inflamed part? We now learn from the journal that it has always considered this as the true doctrine of inflammation, viz., weakened and dilated capillaries, consequently circulation actually *slower* in inflamed than in sound parts. Witness how the reviewer expresses himself in October 1832, p. 412. "An inflamed part, if formerly white, becomes more or less red, and, if previously red, it is rendered redder. This arises, of course, from the greater quantity of blood which is in it. But we must not stop here, venous blood and arterial differ in colour, and, for precisely the same reason, blood circulating slowly is less florid than blood circulating rapidly. In phlegmonous inflammation the colour is vivid, not only because there is much arterial blood in the part, but also because that arterial blood is frequently renewed; in other words, because it is circulated with *rapidity*." I remain, Sir, authenticating my communication privately, your obedient servant, O. B.

Oct. 7th, 183

EASTERN MEDICAL ASSOCIATION.

To the Editor of THE LANCET.

SIR,—May I request that you will do me the favour to insert in your next LANCET a correction of an erroneous reference to myself in the report of the "Formation of an Eastern Provincial Medical Association" (condensed from the *Bury Herald*). In Mr. Bedingfield's speech I am called Dr. Rumsey, and am said to be president of the Bucks Medical Association. I disclaim, however, both these honours, being only a general practitioner, and holding no office in the Bucks Medical Association, of which, nevertheless, I am a member and a sincere well-wisher.

The mistake doubtless arose from my having mentioned to Mr. Bedingfield that I am secretary to a committee appointed by the Provincial Medical and Surgical Association, held at Oxford in July last, for inquiry into the present state of parochial medical attendance, &c. &c. In this capa-

city I shall be happy to receive all the information which my medical brethren in the country can afford me; and I take this opportunity of *gladly* thanking you for the zeal with which you have, both in your editorial and parliamentary capacity, advocated the cause of the country practitioners, in their opposition to the disgraceful proceedings of the Poor-Law Commissioners. I have the honour to be, Sir, your obedient servant,

H. W. Rumsey.

Chesham, Bucks, Oct. 5, 1835.

REFUSAL TO OPEN A BODY AT AN INQUEST, WITHOUT REMUNERATION. — VERDICT WITHOUT EVIDENCE.

To the Editor of The Lancet.

Sir,—I beg to transmit to you some particulars of a coroner's inquest which lately took place in this neighbourhood, and to which I was summoned as the medical witness. I do so for the purpose of enabling you to decide whether my conduct was *legal* or not in refusing to open the body without possession of a written order from the coroner. If I had opened the body without such order, could I have successfully supported a demand for remuneration in a court of law; and against whom? You would greatly oblige me by answering these questions, as I have to make my appearance at the Old Bailey on the trial of the husband of the deceased. The subject of remuneration to medical men at inquests, being now of peculiar interest to the profession, you are at liberty to insert the following in the next number of your valuable Journal.

A woman named Sarah Goodlad came to the *Western General Dispensary* on the 11th ult. with an injury which she said she had received from falling on a pail. I examined her side (the part affected), and believed there was a fracture of one or two ribs. I treated her accordingly. Inflammation of the lungs came on in two or three days afterwards, and in spite of the most active treatment she died on the 19th ult. An inquest was held on the body, as it had been reported that her husband had beaten her (indeed she stated to a neighbour that her husband had been the cause of the injury). This came out in evidence before the jury, and it was stated that he had thrown a loaf of bread at her. It seemed to me from this that there was sufficient evidence of injury inflicted by the husband to account for the fracture, but most of the jury did not think so. They had heard evidence respecting some slight accident which happened about a month before I saw her, and it would seem from their verdict, that they partly believed the previous injury to have been the cause of the fracture. Three of the jurymen, however, were not quite convinced on this point, and I was asked if a post-mortem examination would make the matter any clearer. I said most undoubtedly it would. The coroner (Mr. Stirling) therefore asked me to open the body, which I told him I would immediately do if he would give me a written order by means of which I should obtain remuneration for the trouble. This he refused to do, saying that he never had done such a thing. His clerk (who really was the chief man on this occasion) then told the jury that there would be no difficulty about the matter, though I had refused to open the body, for he would write to a vestryman of the parish who would send one of the house-surgeons from the parish infirmary to do it.

The inquest was accordingly adjourned to the next day at three o'clock, when the jury met, and waited for some time for the evidence of the medical man who was to have opened the body; but it appeared on inquiry that the body had not even then been opened; neither did either of the infirmary medical officers attend the inquest. The patience of the jury being now exhausted, they made up their minds to deliver the following singular verdict, *the body not having been opened*: "Died of inflammation of the lungs, brought on by fractured ribs, *but by what means the fracture was occasioned there is not sufficient evidence to prove!*"

Now, Sir, if the public will allow verdicts to be passed in such a manner as this, they deserve to suffer from the consequences. It certainly was not a just request to require a professional man, whose time and knowledge were his property, and whose reputation as a witness was at stake, to make a post-mortem examination, without the least remuneration, and perhaps with insult. My motive for refusing on this occasion to open the body, arose chiefly from the feeling, that by complying with the direction of the coroner, I should be doing injury to the profession through an injury done to myself. Besides, I object to be even a partial means of continuing the present unjust system. Whether I acted according to *law* I beg to be informed, and remain, Sir, your most obedient,

William Robins, House Surg.

Western General Dispensary, New Road, October 1, 1835.

*** The only question of Mr. Robins to which we need reply may be thus answered:—He was not liable to the institution of any proceeding at law, or the infliction of any penalty, for refusing to open the body without remuneration.—Ed. L.

THE SYSTEM OF LECTURING.

To the Editor of THE LANCET.

SIR,—The truth of the remarks in the leader of a recent number of your invaluable publication, on the impositions of the lecture system, must be acknowledged by every one who has been compelled to doze over the wearisome and uninstructive discourses called lectures, which are paid for on compulsion, at such an exorbitant price. What intellect can master and retain the matter of six or eight of these lectures delivered in one day? Thanks, however, to the untiring exertions of THE LANCET, the system is tottering.

For my own part I have often considered that the lectures which a student hears, obstruct, instead of assisting the student, in obtaining a knowledge of the mode of performing operations, for instance; the directions for conducting them are generally conveyed in the most vague manner, or the student is intimidated and prevented from attempting them, by alarming statements of the difficulties to be encountered. I am not the advocate of rash attempts, but I dispute the propriety of frightening students from attempting operations of any kind that may hereafter fall into their hands, instead of fully instructing them in their performance. I fear that the alarmists bear in mind on these occasions the effect of fully informing embryo practitioners on those points which hospital teachers and operators take especially under their own care as "pure" surgeons. Let the lecturers say what they like in favour of the lecturing system, I am sure that the pupil, especially when he is out of the pale of their influence, and with calm and dispassionate mind looks back on the system, will feel and acknowledge the entire truth of the remarks which THE LANCET has lately made on the subject. With an expression of satisfaction that you have drawn yet further attention to this system, and fully assured that when the system has been thoroughly purged, its insufficiency and unworthiness will be admitted by every one, I remain, Sir, your obedient servant,

MEDICUS.

Worcester, Sept. 29th, 1835.

MIDDLESEX HOSPITAL SCHOOL.

SIR C. BELL, in his introductory address on the opening of this school, remarked that it had been established in order to counteract the effect of a rival party, who had deprived of its pupils the *Middlesex Hospital*, the governors of which were no sooner fully informed of the fact, than they enthusiastically came forward and supplied the funds necessary to institute a medical school in connexion with the hospital. Sir Charles spoke of his connexion with the London University, and stated that the Council had refused to allow him to lecture on particular parts of the subject, alleging that it would not be just to other lecturers that he should have the privilege of lecturing on a "higher" branch of the science. He had contended, however, and still contended, that there was no such thing as a "higher" branch of anatomy, all parts of it being equally high and important. He considered that it was a bad plan for the University to have a professor and a demonstrator of anatomy, and this he told the Council at the beginning. The pupils, he said, would be more intimate with the demonstrator than the professor, and would regard the latter as too great a personage to be troubled with questions on anatomical points. Consequently the professor would be of hardly any use to the pupils; he would be a mere form, a name. Anatomy was not to be learned without the constant presence of the teacher in the dissecting-room, and he thought that the proper plan was for the teacher himself, the "professor" or the "demonstrator," whichever name they chose to give to the *teacher*, should put on the sleeves and apron, and demonstrate in the dissecting-room, as he (Sir Charles Bell) had done. Sir Charles spoke of the little influence he had possessed in the Council of the University, and said that everything he had proposed was rejected. Amongst other errors of the Council he placed the circumstance that the Council had wished to purchase a German museum of anatomy &c., at the price of 30,000*l.*, a measure which he opposed,—the Council, after the proposal had been postponed for a short time, finding that they had been about to bargain without having the money to pay for it. Sir Charles then spoke of his evidence before the Parliamentary Committee, and repeated his belief that knowledge was more rapidly acquired under disadvantages, and the mind more fully strengthened by having difficulties to overcome, than where the student had abundance of money to pay under the certificate system, and plenty of apparent facilities for acquiring knowledge. He cautioned pupils against expecting, under the existing system of medical government, to be rewarded according to their merits and industry. The greatest men, he said, had died poor, and some were even persecuted for their real eminence as scientific men, who having prosecuted their inquiries farther than the drones of the profession, had met with injuries instead of reward.

BLENHEIM-STREET SCHOOL.

The lectures commenced at this establishment on the 1st of October, with an introductory address from Mr. King, the teacher of surgery. After examining the nature and intent of medical knowledge, and asserting its claim to be ranked as a science, Mr. King alluded to the importance of practical observation and strictly logical deduction. "If medical science," he observed, is founded so essentially on observation, does it not follow that the great requisite in the medical student, is a mind capable of careful, minute, and patient inquiry, and of sufficient logical power to draw correct inferences from the facts observed? The habit and capacity of right and rapid reasoning, is so necessary in the application of the rules of treatment to individual cases, that I would particularly insist on the necessity of cultivating logic and mental philosophy. Without these no man can be a good practitioner. It is the misuse of evidence at the bed-side as well as in the hall of justice, that is a fruitful cause of suffering. A medical man should be skilled in detecting fallacious reasoning as well as false facts. Patients are apt to deceive both themselves and their doctor. Errors are constantly arising from the confounding of cause and effect, from confounding the symptoms, which are effects, with the disease which is the cause of them, and from attending to localities only, instead of regarding the whole human structure, the mind never having been sufficiently trained to admit of its grasping in one conception the entire human organism. Besides, the exercise of the intellect to accurate reasoning and the understanding of mental phenomena, are the more incumbent, as the mind exercises, both in the healthy and diseased state, such an influence, that a man unskilled in mental, and, I may add, moral physiology and pathology, must be unable to detect the cause, and apply the remedies, of a very extensive variety of human suffering." Mr. King referred to the influence of public opinion upon the medical profession, and the change gradually made to render examinations for a diploma more complete. "In requiring guarantees for the security of the public by examinations which will test high qualities of mind, a thorough practical knowledge should be indispensable for the exercise of the healing art. The legislature should also imitate the governments of other countries in the protection and encouragement they extend to those who devote themselves to scientific pursuits. I could appeal to numberless instances of meritorious men, disheartened by the little reward they find for their arduous and sometimes perilous exertions. Many a man has been heard to say, —'Why should I toil; why labour through the long and dangerous researches of my avocation, to win the knowledge that does not allow me to live? Why penetrate the foulest adyta, why hang with idolatrous fascination over some mass of decomposition? Why make disease and all its loathsome characters the food of my soul, the friend and companion of my life, aye, the poetry and witchery of my most ardent enthusiasm, to pine neglected, unnoticed, and forgotten, while some ignorant charlatan is the object of popular favour and support?'" Mr. King concluded by exhorting the pupils to be zealous and industrious. "If," said he, "we make ourselves well acquainted with medical science, we shall stand in the same relation to other classes of society, that our particular science bears to other sciences. And can there be a higher science than that which confers the power of preserving life and freeing it from disease? Can there be a nobler avocation than that of protecting and rescuing from pain and deterioration our fellow men? I know of no greater interest on earth than the interest of human health; and the man who can lay claim to the merit of having contributed to the protection and advancement of that interest, is second to none of his species. He stands upon the proudest eminence upon which a man can stand; and commensurate with his usefulness ought to be the respect paid to his character. It is an eminence obtained only by much labour, by long perseverance, and through some danger; and proportionate to these should and shall be the reward of obtaining it. Yes; *should* be as far as the recompense can be conferred by society; and *shall* be, because that recompense which best accords with the pure and noble nature of his services, the practitioner derives from the conscientious exercise of his useful, his beneficent, his almost divine vocation. That is a reward which no earthly power can give, and which no earthly power can take away."

ST. GEORGE'S HOSPITAL.

INGUINAL HERNIA.

Thomas Willman, aged 25, was admitted into the hospital March 3rd, at 4 p.m., under the care of Mr. Walker. There is a tumour in the groin in the usual situation of inguinal hernia, of an oval shape; elastic in some parts and firmer in others; about three and a half inches in length and two inches in breadth; the general surface of the tumour is hard, giving to the hand the feeling of omentum being contained in it; but the external portion of it is softer, with the exception of a smaller portion, which is supposed to be the testis, and

which he says has never descended into the scrotum. The pain of the tumour is not very severe, even when roughly handled.

He states that he has always had a small tumour in the groin, and which he supposed was the testis. About three months since, whilst riding on horseback, he was thrown with some degree of force against the pommel of the saddle; this was followed by the appearance of a tumour in the groin (of nearly the same size that it is at present), which, however, subsided upon his lying down in the horizontal position, and this tumour did not return until about four days since, when, after using some undue exertion, it suddenly reappeared, and he has not been able to remove or reduce it since. He has taken several doses of aperient medicine, which have rather tended to aggravate the pain than otherwise. The swelling has not diminished, and he was bled (without effect) to two pints before his admission.

There has been constant sickness since yesterday morning, and no alvine evacuation for the last three days; pain and tenderness over the whole abdominal region, and a dragging sensation about the umbilicus. Pulse 100, small and weak; skin hot; tongue furred. On his admission he was put into the warm-bath, which produced syncope, and attempts were made by the taxis to reduce the swelling, but without effect. Ether was applied over the tumour, but no benefit resulted; the sickness and hiccup increased, the pulse rose, and the abdominal tenderness greatly increased.

Under these circumstances Mr. WALKER determined upon operating immediately. On laying open the sac a mass of dark thickened omentum, with a narrow neck, was exposed; beneath this was a small knuckle of strangulated intestine, and to the outside of all, the testes and epididymis were seen. Some little difficulty was experienced in dividing the stricture, from the chord lying in the way; this, however, was removed, the stricture was divided, and the intestine returned easily. A ligature was placed around the neck of the mass of omentum, which was then cut off, a pledget of lint was introduced into the wound, and sutures, strapping, and compresses, were applied.

10 p.m. He has had no sickness since the operation; pain in the abdomen less; but considerable tenderness remains; pulse 108.

℞ *Sedative Solution of Opium* ℥ xx; *Spirits of Nitric Ether* ʒij; *Solution of Acetate of Ammonia* ℥ss; *Camphor Mixture* ʒj; to be taken directly. A Castor-Oil injection to be administered every six hours until the bowels are open.

4. The bowels have been relieved seven times during the night, and he slept a little in the morning. He feels easier. The abdomen somewhat full, but less tenderness present; pulse 110, sharp and compressible; skin cool. Mutton broth for diet.

8 p.m. The bowels have been relieved several times during the day; spirits rather low; pulse soft; less tenderness; no pain; tongue less coated.

℞ *Aromatic Confection* gr. xv; *Tincture of Henbane* ℥ xv; *Camphor Mixture* ℥iss; every six hours.

5. He has passed a very good night, and is free from pain, except when firm pressure is made upon the abdomen. The tongue is cleaner and moister. The skin cool, pulse 80, and soft. The bowels have not acted since yesterday afternoon.

Towards the evening he complained of some pain on the left side of the abdomen, which was increased by pressure. The skin is hotter; tongue whiter; pulse 80, and sharp. The abdomen is distended, and the bowels have not acted for twenty-four hours. Twelve leeches to be applied to the abdomen.

℞ *Carbonate of Potash* 10 grs.; *Sulphate of Magnesia* 1 drachm; *Sirup of Poppies* 1 drachm; *Distilled Water* 10 drachms. The draught to be taken every six hours.

6. He did not sleep much until this morning; there is less pain and abdominal tenderness, but some little irritation about the wound. The tongue is cleaner; pulse softer, 84, and jerking.

7. He is quite free from pain; skin cool; tongue moist; pulse 80, and soft. The dressings were removed for the first time since the operation; the upper half of the wound was found to be united by the first intention, and there was a little pus in the lower part of it.

8. He continues quite free from pain, and is doing very well in every respect.

10. He is doing very well. The wound has nearly healed, except at the lower part, where the ligature comes through, which is attached to the omentum. Mr. WALKER endeavoured to remove it, but failed. The bowels have generally acted twice in the twenty-four hours. Repeat the draught every six hours.

16. He has continued steadily improving since the last report; the wound has been dressed every day, but the ligature had not separated in the least until to-day, when it came away very easily in the dressings. The only part of the wound now open is that through which the ligature came.

21. The wound is quite healed.

26. A truss with a circular pad in the centre to admit the testis was applied, and keeps up the hernia extremely well. He was then discharged quite well.

SCLEROTITIS.

James Slight, ætat. 41, was admitted on the 28th of March, under the care of Mr. WALKER. From the facts which could be gathered in connexion with the previous history of the case, it appeared that on the 10th of the month, whilst employed in cutting wood, a chip flew into the right eye: severe pain ensued, which lasted for two days, at the end of which time he went to a surgeon, who ordered him a lotion for the eye. This did not abate the pain and suffering. On the 24th there were great restlessness and great heat of the skin, with increased pain in the eye, and a copious watery discharge.

On his admission into the hospital, the sclerotic coat was highly vascular, and its minute vessels were extensively injected; the cornea was less transparent than natural, and a minute ulcer could be perceived in the outer and middle part of it, into which, in consequence of its convexity, the iris appeared to protrude slightly. Around this ulcer could be seen a thin nebulous line of about one line and a half in breadth. There was great intolerance of light, with pain over the right temporal region. His general health has always been good, and is not disturbed at present. Tongue clean; bowels not open; pulse 64, full and soft; skin cool; sight of the right eye quite gone.

R. *Calomel* gr. ij; *Powdered Opium* gr. ss; every night at bed time. A Senna draught to be taken every other morning; eight leeches to be applied behind the right temple; a blister behind the right ear; extract of Belladonna over the right eye.

March 29. Eye very painful during the night. A saturnine lotion to be applied to the eye.

30. Twelve leeches to be applied to the eye.

April 1. To be cupped on the nape of the neck to twelve ounces. A ʒij Senna draught to be taken directly, and repeated in two hours, if necessary.

3. Continue the medicines.

4. There is still much remaining inflammation of the sclerotic, and much intolerance of light. The cornea is not more nebulous than before. The pupil is not quite circular, the external edge being depressed, as though the iris had become slightly detached from the ciliary ligament. At the inferior edge of the pupil there is seen a prominent opake surface resembling lymph, which extends nearly to the inner surface of the cornea. Pulse is natural; skin hot; thirst and headache. Continue the medicines; omit the lotion.

10. The eye is very much improved, and the man can see very well; the sclerotic and conjunctival coats are much less injected than at the last report. The iris appears in its natural state. The pupil is small but regular in its outline. The cornea is quite clear, and at the inferior border of the pupil in the anterior chamber there is seen an opake body, which is the capsule of the lens. There is no pain in the head; he sleeps well, and the appetite is good. Continue the medicines.

16. The capsule of the lens is now seen to be adherent to the inner surface of the cornea, occupying a small portion of its central and inferior surface, and the inferior portion of the iris is, in consequence, drawn forwards. The lens appears rather opake. There is not so much sight in the eye as before. There is still a circular zone of the bloodvessels to be seen around the lower edge of the cornea. He complains of no headache or intolerance of light. The general health is improving. The appetite is good.

Plummer's Pill gr. v every night at bed-time. Half a pint of the *Alkaline Infusion of Sarsaparilla* to be taken daily. Ordinary diet.

May 4. *Calomel* gr. iv at bed-time. A senna draught to be taken early to-morrow morning.

5. On visiting the patient to-day, Mr. WALKER, under whose care he was admitted, passed a needle behind the iris into the posterior chamber of the eye, with the intention of depressing the capsule of the lens, which had become dissolved in the aqueous humour by the rupture of the capsule at the time of the accident, and it was by this means removed as much as possible out of the immediate sphere of vision.

R. *Saline Draught* ʒiss; *Solution of Tartarized Antimony* ɱxv; *Sulphate of Magnesia* ʒi; every six hours. Twelve leeches to the right temple.

May 13. He is very much improved, and can see distinctly with the eye; there is neither pain nor intolerance of light; the pupil is still small, and is slightly opake; general health good. Continue the medicines. Ordinary diet.

18. Discharged cured.

NORTH LONDON HOSPITAL.

POISONING (?) BY ACETATE OF LEAD.

LOUISA WALLACE, aged 19, was admitted August 25th, under the care of Dr. A. T. THOMSON. An hour before her admission she had taken two penny-worth of sugar of lead, for the purpose of poisoning herself, to which act she was prompted by destitu-

tion. She thinks that the quantity of acetate of lead was about an ounce. She dissolved it in a cupful of water, and after drinking it, waited on the step of a door for its effects. In about a quarter of an hour violent vomiting came on, which attracted the notice of two men, who inquired of her what was the matter. On being told she had taken poison, they brought her to the hospital. Mr. TAYLOR, the apothecary, immediately gave her half a drachm of the sulphate of zinc in solution, which was soon after repeated; this renewed the vomiting (which had almost ceased) as violently as ever, and after continuing for upwards of an hour, very dilute sulphuric acid was administered, and she was put to bed. She complained of slight burning pain in the stomach, which, however, did not prevent her from passing a good night. Mr. TAYLOR ordered her in the morning a draught composed of sulphate of magnesia, half a drachm, and an ounce and a half of water, to be taken every second or third hour, which acted slightly on the bowels; she then complained of weight in the head, some dimness of sight, and pains shooting through the eyeballs on closing the lids firmly. The tongue was clean, or nearly so; the pulse sixty and small. There was more pain in the stomach on the following morning (26th) than before. The following treatment was ordered:—Twelve leeches to the epigastrium; one grain and a half of the Extract of Opium at night; increase the Sulphate of Magnesia to a drachm.

27. There is tenderness on pressure all over the abdomen, but especially at the epigastrium, where it causes her severe pain. Continue the medicines.

28. There is now no pain or sensation of heat in the stomach, and she can take food without uneasiness. The tongue remains somewhat white. The pulse is 80 and weak.

29. She feels quite well; the tongue is clean; the strength returning.

30. Discharged cured.

Dr. THOMSON pointed out to the pupils the features in this case which prevented it from being regarded, in the strict sense of the word, as a case of *poisoning*. The vomiting which occurred was the effect of quantity; the salt acting in the same manner as a large dose of common salt, from its irritant quality, and not from any real poisonous property belonging to it. In small doses, namely, under ten grains, Dr. THOMSON had never seen any deleterious properties arise from the acetate of lead, unless saline effervescing medicine was given at the same time; in which case, the acetate was converted into the carbonate, which is a powerful sedative poison; and according to the doctrine promulgated by the professor, and founded on numerous experiments made upon animals, is the only poison among the salts of lead. "When the acetate or subacetate proves poisonous," he observes, "there is always a conversion of the salts into the carbonate; and inasmuch as the subacetate is more easily converted into the carbonate than the acetate, so it is more likely to prove poisonous, a fact which experience has corroborated. Several instances are recorded in which death has resulted from swallowing Goulard's lotion by mistake; and even of paralysis having followed its external application to large abraded surfaces, but in all these cases the deleterious effects could be traced to the conversion of the sub-acetate into the carbonate." The administration of an emetic after the vomiting that occurred, Dr. T. did not regard as absolutely necessary, but had no vomiting taken place, then the sulphate of zinc was the best emetic that could be administered, because it decomposes the acetate of lead in the stomach, and converts it into an insoluble, and, consequently, into an inert sulphate, whilst the acetate of zinc, which is also formed, is as active an emetic as the sulphate of zinc. The administration of the sulphate of magnesia operates, also, by decomposing the salt of lead; and the acetate of magnesia that results from this decomposition, carries the insoluble sulphate out of the bowels. The food which is ordered in these cases, should be of a kind not likely to generate carbonic acid in the stomach, and it is a good thing to order vinegar as an article of diet, for two reasons, namely, the lessening of the susceptibility to decomposition of the acetate, owing to the presence of the surplus acetic acid, and the formation of a portion of it into the sulphate, by the small quantity of sulphuric acid which all vinegar for domestic purposes contains. On this account, however, when the acetate of lead is ordered in cases of internal hemorrhage, the distilled vinegar, not the common vinegar, should be given at the same time. There is a case at present in the hospital, in which paralysis of the wrists was caused by working with white lead, which is a carbonate, although no colic had preceded or accompanied the paralytic affection. The patient is a painter. This local influence of carbonate of lead is not confined to painters; it is experienced also by compositors in printing-offices, and porters in lead warehouses; and in both cases, the deleterious cause is the carbonate, which forms on the types after they are washed, and which affects the compositor in distributing the types to their proper places in the cases. It also forms on the type in the composing-room by the combined action of air and moisture, the latter being often freely supplied, to cause adhesion at certain times between the types.

ST. BARTHOLOMEW'S HOSPITAL.

MR. STANLEY'S INTRODUCTORY LECTURE.

Mr. Stanley delivered an introductory lecture to his sessional course of anatomical lectures, on the first of October, to an audience not quite so large as that which used to assemble in the theatre of this hospital. He commenced with a sketch of the constituents of the human body, in order, as he said, to secure the attention of his auditors, and in consequence of the intimate connexion of the subject with the study of medicine. With much novelty he adverted to the skeleton as the basis upon which the soft parts were constructed; the cranium, by its arched and conical configuration, affording a beautiful protection to the delicate brain; the ribs forming an important enclosure for the thoracic organs; the pelvis sustaining the weight of the body, and holding structures of vast consequence; while the foot, by its arches, admirably did the duty of a foot—the whole skeleton yielding illustrations of every valuable discovery that had ever been made in mechanical science. He referred to a section of the femur, to show the difference between external and internal osseous structure. The powers that acted on the bones, namely the muscles, were, he observed, exceedingly interesting to the student. Their force was actually astounding. Dr. Young computed muscular power to be equivalent to five hundred pounds on each square inch of its acting substance. The celerity of motion of the muscles was no less remarkable. Haller asserted that he could articulate fifteen hundred letters in a minute. Immensely important also was the nervous system, so intimately concerned as it was with the reasoning faculties. The senses were really all dependent on the nervous system. Yes, sight, sense, touch, and hearing, all resulted from a peculiarity in the function of particular nerves; the senses acted as monitors against danger. The human eye differed from that of the brute by indicating intellectual feeling, whereas in the latter its expression merely denoted a desire to gratify appetite. Physiologists have observed that in proportion as one sense is impaired, the remaining senses increase in acuteness. A blind man, for instance, has ascertained his proximity to objects by the reverberation of the air on his ear. The vascular and absorbent systems were next reviewed, in an equally new and striking manner, as means of reparation, especially in the osseous reproductions that succeed necrosis of the long bones. The absorbent vessels, however, he observed, were so obstinate, as to entertain an objection to remove some description of matter, such as vermilion and charcoal, which, when inserted beneath the cutis, remained indelible. Nitrate of silver afforded another confirmation of this fact. The subject of fœtal gradation was handled with no less ability and originality. The fœtus, it was observed, in its progressive gradations, bore a close analogy to the gradation upwards of various species of animals. As to the variations from natural appearances which occasionally arise, these with singular ingenuity were said to arise from an interruption in development, as in the hare-lip. Mr. Stanley concluded by enforcing the absolute necessity of studying surgery thoroughly, in order to understand it thoroughly, the utmost diligence and enthusiasm of students being necessary under the existing system of instruction, which Mr. Stanley said nothing to depreciate. No hiatus in fact, he added, should exist in his (the lecturer's) assiduity to impart information, and he doubted not that his efforts would be successfully repaid by the unremitting attention of such a class as he might have the honour of obtaining.

WOUND OF THE INTESTINES FROM EXTERNAL INJURY.

Joseph Shaw, æt. 17, was admitted into Harley's ward, St. Bartholomew's Hospital, on the 26th of August, under the care of Mr. Earle, with an injury in a situation midway between the crista of the ilium and the false ribs on the right side, inflicted by the shaft of a cart thrusting him in contact with the wall. He complained on admission of severe vomiting and faintness; the urine exhibited a bloody tinge; there was considerable tumefaction encircling the locality of the mischief, with a central depression. Mr. Earle considered, from the seat of the injury, that the kidney or colon might have been involved, but he was more inclined to ascribe it to the former, on account of the sanguineous character of the urine. Considerable tenderness in the affected part becoming evident, twenty leeches were applied, and he was cupped on the loins. The central depression having become more evident, Mr. Earle was led to form an opinion that the abdominal muscles in that situation had undergone rupture, and that a portion of intestine had thereby become protruded; the latter part of his prognosis was further confirmed by a gurgling sensation communicated on the application of the hand, and by the swelling receding under pressure; from this view of the case he entertained an idea of employing a truss, but was exceedingly surprised, after a lapse of two or three days, to hear that an abscess had formed, its contents, consisting of pus and fæces, having made their exit by three small apertures. Mr. Earle now ascertained that not only the abdominal muscles, but also the portion of the ascending colon uncovered by peritoneum, had been ruptured, and the patient's

salvation was purely dependent on the injury not implicating the cavity of the abdomen, commonly so called; the ruptured intestine being uncovered by the serous investment, precluded the extravasation of feces into the peritoneal sac, which (had it occurred) must inevitably have been attended by fatal results. Mr. EARLE observed that there were many exceedingly interesting details to be found in the *Memoirs of the French Academy*, where sharp instruments, such as swords, had perforated the intestine, and nothing unfavourable had resulted. This Mr. EARLE considered very probable, especially when the intestine was in an unloaded state, and where no effusion had supervened; but the case differed widely in which the intestine had been actually ruptured from severe injury. The course of treatment that had here been adopted was to dilate the openings to permit of a freer egress of purulent and feculent matter; this procedure it was thought there would be a necessity to repeat; the lower bowel was daily relieved of its contents by means of a clyster, with a view, as it were, to invite the feces to their natural outlet; this plan had been so far successful that although some excrement passed through the aperture, yet a considerable quantity had already resumed an ordinary route. The *ensemble* of the patient seems to augur favourably.

ANEURYSM OF THE SUBCLAVIAN ARTERY.

A case presents itself in Darker's ward which is well worthy the attention of medical practitioners and students. The subject is a man whose name is Joseph Webb, æt 42, who was admitted into the hospital on the 24th of August with a large aneurysmal tumour projecting from beneath the right clavicle, and extending outwards; its magnitude approximated to that of a child's head, and it was adjudged by Mr. LLOYD, under whose care he was admitted, to be an aneurysm of the subclavian artery. At some little period from his admission a day was appointed for performing an operation (that of tying the subclavian artery); but in consequence of circumstances occurring connected with the patient's general health, its postponement was announced at the expected period of performance. General depletory measures have been resorted to with favourable results. Digitalis has been used but for a very limited period; venesection has been employed, and its employment repeated; the strictest quietude has been enjoined; and under this palliative mode of treatment the patient has manifested progressive improvement; his aspect has become more cheerful; the size of the tumour has evidenced considerable diminution, and he experiences little inconvenience, except that he assumes the sitting or erect position. It is understood that no further idea of operating exists with Mr. LLOYD. The case is interesting, inasmuch as it exhibits a provident effort on the part of nature to repair organic lesions, when aided by the employment of remedial treatment. The foregoing report was taken on the 27th Sept. 1835.

AMPUTATION BELOW THE KNEE.—Thomas Trott, æt. 58, a waterman at a coach-stand, was admitted on the 24th of June with a severe injury of the right leg, consequent on ejection from a cab, the wheel having passed over the inferior portion of the limb, on the internal surface of which there appeared a slight ulceration, to which succeeded erysipelas of the entire member. Leeches, and saline medicines, with tartar emetic, and other means calculated for the preservation of the limb, were employed in vain, and amputation was deemed absolutely necessary, the operation being performed on Tuesday the 25th of August. Previous to the operation some doubts were entertained as to whether fracture really existed in the vicinity of the ankle-joint, Mr. EARLE commenced the flap amputation six inches below the knee-joint; the flap was then completed, and the catling was used to divide the muscles and interosseous ligaments, the sharp upper ridge of the tibia being sawed off previous to the division of the bones. The rest of the operation was conducted in the ordinary manner. An elaborate dissection of the diseased joint was afterwards made, but not the slightest evidence of fracture was discovered. All the cartilages covering the tarsal bones had undergone absorption; in fact, the bones were literally denuded of cartilage, a circumstance which, in the opinion of the surgeons present, resulted from inflammation consequent on the injury, the constitution of the patient being a bad one.

HYDROCELE.—Mr. STANLEY performed the operation for hydrocele on a man who had suffered under the affection for three months. The quantity of fluid evacuated was considerable. The injection used was a mixture of port-wine and water, but Mr. STANLEY observed that he had known instances where the re-injection of the evacuated fluid, or even the introduction of pure water, had been attended with eminent success. The most unexceptionable and definite form of injection, however, consisted in a solution of the sulphate of zinc, a drachm to a pint. The nature and quantity of the fluid injected were immaterial considerations; but it was of paramount importance that the injection should be brought into immediate contact with the morbidly secreting surface, the time of its retention varying with the peculiarity of the case, the production of a certain amount of irritation indicated by a certain amount of pain. In

the present case it would be judicious to permit the patient to perambulate the ward with a view to favour the occurrence of irritation (which here had been somewhat protracted), rather than allow him the quietude of bed. The two most important points in operating for hydrocele were, first, to avoid puncturing the testis; and, secondly, to select carefully the part for the introduction of the trocar instrument, to obviate the liability of wounding one of the large veins traversing the scrotum, as in the event of such an accident the blood would become effused into the scrotum, and what was at first a hydrocele would then be converted into a hæmatocele.

Acute Bronchitis.—Patrick Thornton, ætat. 30, was admitted into Matthew's ward, on Tuesday the 21st of July. On the day of admission the following were the symptoms:—Countenance dusky; lips parched; the temperature of the surface augmented; no cuticular transudation; pulse 124, and compressible; tongue covered with a thick white fur and rather dry. He complains of a short cough attended by great pain, extending from the third to the sixth rib of the right side; he cannot effect a deep inspiration, and lies on his back; the alvine excretions are daily induced by medicine; anorexia and much nausea; the urine high-coloured and scanty; no cephalic pain; perfect absence from abdominal tenderness; sleep considerably perturbed. A small quantity of blood was this morning ejected from the mouth; the expectoration has a frothy and a streaky aspect. He had enjoyed tolerably good health previous to last Friday, when, after dinner, he was suddenly seized with a pain in the chest, accompanied by difficult respiration; his skin then became hot and his bowels constricted. He applied to the parish surgeon, who prescribed some purgatives, and a sinapism to the chest. Auscultation ascertains more air to enter the left lung than the right; crepitation mingled with sibilus and ronchus is evident in both lungs, anteriorly and posteriorly, but more especially in the left lung, as this admits of more permeation than the right. *Ordered twenty leeches and an emetic; and calomel with James's powder every second hour.*

22. Four ounces of buffy blood were taken from the arm by venesection, half an hour after which the ingress of air into the right lung was more free, the pulse quickened, and the respiration was easier. *Cupping to four ounces beneath the right scapula; a blister; a grain of calomel every hour.*

23. Thoracic pain entirely gone, and the patient in all respects better. Some sibilus still audible. The medicines to be discontinued.

24. Lips more livid; ronchus and sibilus equally diffused throughout both lungs. the left lung admits less air than yesterday; the right lung allows the entrance of less air in front than the left, in which situation the crepitation is mixed with ronchus and sibilus. Pulse more full and hard, computing 120. *Take* ℥vj *of blood from the arm. Solution of the Acetate of Ammonia.*

26. Better; but slight permeation through the right lung.

27. No pain on effecting a deep inspiration; pulse computes 120. Little air enters the left lung; the right permits of a liberal ingression.

28. An increased quantity of air permeates the left lung, accompanied by ronchus. *Ordered the Hydrargyrum cum Creta.*

29. Mending. A free passage of air through both lungs, together with ronchus. *Administer the Effervescent Draught.*

August 3rd. Sibilus is still to be discerned in both lungs, especially at the inferior posterior portion. Patient says he feels quite well.

10. Crepitation is audible over the whole posterior division of the left lung during inspiration, and likewise beneath the clavicle; in which last situation he complains of pain on a deep inspiration, coughing, or lying on his side. The right lung is apparently quite healthy. No cough, expectoration, fever, or sweating.

11. The crepitation so diminished that none can now be detected. Discharged cured.

BOOKS RECEIVED.

Remarks on the Theory and Treatment of Scarlet Fever; with brief notices of the Disease, as it prevailed epidemically at Bridlington, in 1831. Highley, 8vo, pp. 48.

A popular Treatise on Diet and Regimen; intended as a Text Book for the Invalid and the Dyspeptic. By W. H. Robertson, M.D. pp. 251. Tilt.

Leach's Selections from, and Translation of those parts of Gregory and Celsus, which have been fixed upon at Apothecaries' Hall, for the Examination of Candidates. pp. 332. Highley.

We shall next week make known some of the plans for adding to our usual mass of information, which we have formed with a view to the increased interest and instruction of the readers of The Lancet, in the ensuing yearly volumes of this journal.

CORRESPONDENTS.

We have usefully availed ourselves of the introductory remarks of *H.*, but we have withheld the practical directions which he has given on a matter of science, because the means were not afforded us of giving to them the authority of a name.